DOCUMENT RESUME

ED 361 634 CG 025 029

TITLE	Child Safety Curriculum Standards.
INSTITUTION	National School Safety Center, Malibu, CA.
SPONS AGENCY	Department of Education, Washington, DC.; Office of Juvenile Justice and Delinquent Prevention (Dept. of Justice), Washington, D.C.
PUB DATE	90
CONTRACT	85-MU-CX-0003
NOTE	239p.
PUB TYPE	Guides - Non-Classroom Use (055)
EDRS PRICE	MF01/PC10 Plus Postage.
DESCRIPTORS	Child Abuse; Child Neglect; *Child Welfare; Curriculum Guides; Early Parenthood; Elementary Secondary Education; Juvenile Gangs; Latchkey Children; Rape; Runaways; *Safety; *School Safety; Standards; Substance Abuse; Suicide; Venereal Diseases; *Youth Problems

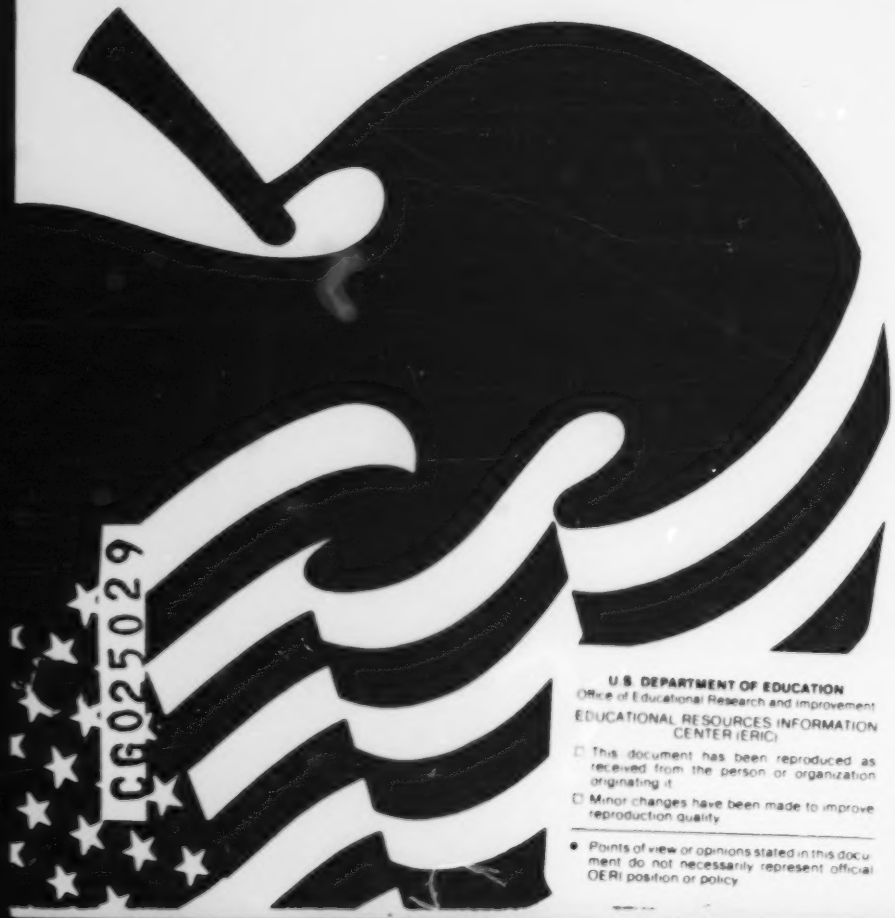
ABSTRACT

This document presents a set of child safety curriculum guidelines intended to help prevent child victimization and to promote safer living and learning environments for children and adolescents across America. These guidelines were developed to help educators, law enforcement personnel, and members of other youth-serving agencies teach children how to protect themselves from a variety of dangers. The standards offer sample strategies that can be used as a starting point in a more extensive curriculum development. Thirteen sections are included that deal specifically with child safety issues. The standards are divided into five grade groups: kindergarten-grade 1, grades 2-3, grades 4-6, grades 7-8, and grades 9-12. Each section contains background information and statistics on the scope of the problem addressed; the key points that should be stressed on this topic: a variety of activities to help make those key points; and a list of resources. The 13 sections are: (1) "Bullying" (Stuart Greenbaum and Brenda Turner); (2) "Child Abuse and Neglect" (Shayla Lever); (3) "Gangs" (Lilia Lopez and Ronald Garrison); (4) "Latchkey Children" (James Campbell); (5) "Non-Family Abductions" (Jerri Smock); (6) "Parental Abductions" (Janet Kosid-Uthe); (7) "Rape" (Claire Walsh); (8) "Runaways" (Gregory Loken); (9) "Sexually Transmitted Diseases" (Marcus Copelan); (10) "Substance Abuse" (Loretta Middleton and Christine Campbell); (11) "Suicide" (Diane Ryerson and Judie Smith); (12) "Teen Parenting" (Mary Sullivan and Brenda Turner); and (13) "Weapons" (G. Ellis Butterfield). A final section contains a bibliography of 180 resources with ordering information. (NB)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED 361 634

Child Safety Curriculum Standards



LG025029

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☐ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

NATIONAL SCHOOL SAFETY CENTER

A Partnership of Pepperdine University and the United States Departments of Justice and Education

BEST COPY AVAILABLE

CHILD SAFETY CURRICULUM STANDARDS

National School Safety Center
Pepperdine University
Malibu, California 90263

Child Safety Curriculum Standards

National School Safety Center
Pepperdine University
Malibu, CA 90263

Ronald D. Stephens, Executive Director
G. Ellis Butterfield, Deputy Director for Operations
Ronald W. Garrison, Field Services Director
Bernard James, Special Counsel
James E. Campbell, Business Manager
Bill E. Henegar, Communications Consultant

Executive Editor: Ronald D. Stephens
Project Director: G. Ellis Butterfield
Project Editor: Suzanne Harper
Contributing Editors: Brenda Turner and June Lane
Wordprocessor: Kimberly Billingsley and Kristene A. Kenney

Copyright @ 1990, Pepperdine University Press. All rights reserved.
Manuscript completed: August 1990
Printed in the United States of America

Prepared under Grant No. 85-MU-CX-0003 from the Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice. Points of view or opinions in this document are those of the authors and do not necessarily represent the official position or policies of the U.S. Department of Justice, U.S. Department of Education or Pepperdine University.

TABLE OF CONTENTS

1.	Foreword	Robert W. Sweet, Jr. Administrator Office of Juvenile Justice and Delinquency Prevention
	Acknowledgements	
	Introduction	
2.	Bullying	Stuart Greenbaum Communications Director NSSC Brenda Turner Communications Specialist NSSC
3.	Child Abuse and Neglect	Shayla Lever Director, Child Abuse Prevention Office Los Angeles Unified School District
4.	Gangs	Lilia Lopez Coordinator of Instructional Planning and Development Los Angeles Unified School District Ronald W. Garrison Field Services Director NSSC
5.	Latchkey Children	James E. Campbell Business Manager NSSC
6.	Non-Family Abductions	Jerri Smock Consultant Sacramento, CA
7.	Parental Abductions	Janet Kosid-Uthe Consultant Roseville, CA

8.	Rape.....	Claire P. Walsh Director Sexual Assault Recovery Service University of Florida
9.	Runaways.....	Gregory A. Loken Associate Professor University of Bridgeport Law School
10.	Sexually Transmitted Diseases.....	Marcus Copelan Director of Education American Social Health Association
11.	Substance Abuse.....	Loretta Middleton Coordinator, Substance Abuse/Student Well-Being Team San Diego County Office of Education Christine Campbell Consultant Westlake Village, CA
12.	Suicide.....	Diane Ryerson Consultant American Association of Suicidology Judie Smith Consultant American Association of Suicidology
13.	Teen Parenting.....	Mary Sullivan Assistant Principal New Futures School Brenda Turner Communications Specialist NSSC
14.	Weapons.....	G. Ellis Butterfield Deputy Director NSSC
15.	Bibliography.....	Compiled by Cindy Lea Arbelbide Librarian National Victim Center

FOREWARD

Nearly three years ago, the President's Child Safety Partnership recommended that national child safety curriculum standards be developed for use in the schools. The release of this *Child Safety Curriculum Standards* document, which was compiled by the National School Safety Center and funded by the Office of Juvenile Justice and Delinquency Prevention, realizes this important goal.

Schools can play a vital role in supporting family efforts to bring sometimes difficult and sensitive issues to a child's attention. While a child's first and most important teachers are their parents, the realities of critical issues such as child abuse and neglect, teen parenting, runaways, sexually transmitted diseases and substance abuse cannot be ignored in the classroom. Most of today's teachers want to introduce child safety information to their students, but many do not know how. For the first time, age-appropriate child safety curriculum standards now are available to elementary and secondary schools nationwide to integrate into their curricula.

Recent research has shown that schools can have a positive effect in teaching children about safety and ways to prevent abduction, running away and sexual exploitation. In addition, schools and parent-teacher groups can be the center of community-based parent education and public awareness programs dealing with child safety. Any comprehensive child safety program must reach beyond the schools to involve parents and the community as well.

However, some children may be in less supportive environments, such as a family situation that is abusive or where a parental abduction has occurred. In such cases, these curriculum standards may help students and school officials alike to identify that a serious problem exists and to notify the proper authorities who can provide aid for these children. Through an effective safety education program, schools also may help youngsters break out of a family cycle of gang involvement, teen pregnancy or substance abuse.

Enhancing the safety of our nation's children should be among our foremost goals. These *Child Safety Curriculum Standards* are intended to help prevent child victimization and to promote safer living and learning environments for youngsters across America.

Robert W. Sweet, Jr.
Administrator
Office of Juvenile Justice and
Delinquency Prevention

ACKNOWLEDGEMENTS

A number of institutions and persons made valuable contributions to the Child Safety Curriculum Standards project. The National School Safety Center received the needed funds and direction to begin this project from the Office of Juvenile Justice and Delinquency Prevention under the leadership of Robert W. Sweet, Jr., Administrator. Additional assistance came from Terry Donahue, in his capacity of Acting Administrator of the Office of Juvenile Justice and Delinquency Prevention; Pamela Swain, Director of State Relations and Assistance Division; Emily Martin, Director of Training, Dissemination and Technical Assistance Division; and NSSC's program manager, Lois Brown. In particular, NSSC acknowledges Mary Witten Neal, Director of Interagency Operations, U.S. Department of Education, for helping identify experts in several key child safety areas.

The American Association of Suicidology, the Centers for Disease Control, and the American Social Health Association also identified child safety experts.

NSSC is particularly grateful to the authors of the child safety curriculum standards: Bullying — Stuart Greenbaum and Brenda Turner; Child Abuse and Neglect — Shayla Lever; Gang Prevention — Lilia Lopez and Ronald W. Garrison; Latchkey Children — James E. Campbell; Parental Abductions — Janet Kosid-Uthe; Rape — Claire P. Walsh; Runaways — Gregory A. Loken; Sexually Transmitted Diseases — Marcus Copelan; Non-Family Abductions — Jerri Smock; Substance Abuse — Loretta Middleton and Christine Campbell; Suicide — Diane Ryerson and Judie Smith; Teen Parenting — Mary Sullivan and Brenda Turner; and Weapons — G. Ellis Butterfield.

Lewis Wills, Donald Grossnickle and Jerri Smock gave generously of their time by reading the standards and helping NSSC plan its national dissemination strategy. Jim and Joan Ruth Davies wrote material on the topic of personal responsibility that was extremely helpful.

NSSC also thanks the following people who took part in dissemination meetings and provided many useful comments on the work-in-progress: Cindy Lea Arbelbide, National Victim Center, Fort Worth, TX; John Arredondo, Texas Youth Commission, Austin, TX; Michael C. Axelrod, Board of Education, Philadelphia, PA; Jane Coates, Abilene Christian University, Abilene, TX; William H. Cotton, Dallas Independent Schools, Dallas, TX; Timothy D. Crowe, Consultant, Louisville, KY; Margaret E. Dunn, Southwest Texas State University, San Marcos, TX; Mary Fuller, South Carolina Criminal Justice Academy, Columbia, SC; Cozy Marks, Jr., St. Louis Public Schools, St. Louis, MO; Eugene "Red" McAllister, Dade County Public Schools, Miami, FL; Mary Witten Neal, U.S. Department of Education, Washington, D.C.; Fernando Perez, Ozaukee County Sheriff's Department, Port Washington, WI; Lieutenant Robert L. Pittman, Cobb County Police Deaprtment, Marietta, GA; Anita Raby, Alabama Education Association, Lester, AL; Dr. Duane Ragan, Office of Juvenile Justice and Delinquency Prevention,

Sunderland, MD; Susan Riise, National Children's Advocacy Center, Huntsville, AL; Mary Short, Texas PTA, Austin, TX; Jerri Smock, Psychologist, Sacramento, CA; Thomas H. Stuart, Hoover Police Department, Hoover, AL; Philip Terrell, West Elementary School, Gulfport, MS; Lewis Wills, Austin Medical Associates, Watsonville, CA. Without the work and cooperation of these individuals, this project could never have been completed.

INTRODUCTION

Children face a variety of dangers in today's world: the threat of gang violence, the spread of sexually transmitted diseases, or the possibility of abduction by either a stranger or an estranged parent. Some children experience an overwhelming despair that can lead them to commit suicide, abuse drugs or run away from home. Some face violence within their homes as victims of child abuse; others face violence at school at the hands of bullies or students carrying weapons.

The Child Safety Curriculum Standards have been developed to help educators, law enforcement personnel and members of other youth-serving agencies teach children how to protect themselves from these myriad dangers. The standards, organized in an easy-to-use format, offer sample strategies that can be used as a starting point in a more extensive curriculum development.

Although all members of the community are responsible for children's safety, the task of communicating such information to the children themselves often falls to the schools. Understandably, it is often difficult for teachers to find time to address "outside" issues such as child safety when they barely have enough hours to teach their academic subjects. Dealing with the many problems children bring to school — problems of poverty, dysfunctional families, drugs and violence — often seems too much of an extra burden.

Although teachers should not have to be social workers or psychologists, they can make an incalculable difference in children's lives simply by caring enough to impart basic safety information. As Tracy Kidder writes in *Among Schoolchildren*: "[F]or children who are used to thinking of themselves as stupid or not worth talking to or deserving rape and beatings, a good teacher can provide an astonishing revelation. A good teacher can give a child at least a chance to feel, 'She thinks I'm worth something. Maybe I am.' Good teachers put snags in the river of children passing by, and over the years, they redirect hundreds of lives."

The Child Safety Curriculm Standards are presented in the hope that they will help in the task of changing children's lives.

Reaching High-Risk Youth

Although all students can benefit from child safety information, high-risk youth need this material even more than most. High-risk students must deal with multiple negative influences, such as parents who have poor family management skills, peers or family members who use drugs, low involvement with school, and an impoverished background.

Because of the many negative factors in these youth's lives, it is vitally important to reach them with child safety information while they are in school and, by improving their self-esteem and success skills, convince them to stay in school. Many of these children, faced with a hostile environment outside of school, are likely to drop out unless they are provided with a supportive

and caring atmosphere in the classroom.

The link between dropping out and child safety is clear, if only because students do not have access to safety information if they are not in the classroom. Moreover, quitting school usually is part of a cycle that frequently includes crime — approximately 60 percent of the nation's prison inmates are high school dropouts — illiteracy, unemployment, teenage pregnancy and substance abuse. These problems often are compounded by poor economic conditions, such as inadequate housing, clothing, food and health care. To break the cycle of poverty and abuse, all children must be taught to care for themselves — and that they deserve that care.

Using the Child Safety Curriculum Standards

The authors, all authorities in their respective fields, have analyzed existing child safety materials and identified the standards that should be taught at each grade level. These standards, which can be used by educators, youth group leaders, law enforcement officers or parents, are divided into the following age-appropriate categories: K - 1, 2 - 3, 4 - 6, 7 - 8 and 9 - 12.

Each chapter contains the following:

OVERVIEW — background information and statistics on the scope of the problem.

STANDARDS — the key points that should be stressed on this topic.

STRATEGIES — a variety of activities to help make those key points. These suggestions provide a starting point for those responsible for developing curricula. However, they are only suggestions; each strategy should be evaluated in terms of local community standards, the students' needs and developmental level, other curricula that may already be used in the school, and so on.

RESOURCES — organizations, publications and films that offer additional information. As these lists indicate, many books and additional curricula are available that treat each subject in greater depth. These chapters are designed as a starting point in addressing the most pressing child safety issues facing today's students and offer a number of suggested activities for teaching each topic. Each chapter can be expanded or condensed according to the children's needs and the judgment of the person in charge of curriculum development.

It is vital that teachers, parents and other instructors thoroughly understand this material before presenting it to youths, since many of the issues are quite sensitive. In many cases, authors recommend inviting experts — such as mental health practitioners, substance abuse counselors and law enforcement officers — into the classroom to discuss specific topics and answer further questions from students.

Many sections of the Child Safety Curriculum Standards can be incorporated into a school's academic curricula. For example, the chapters on teenage parenting, STDs, rape, suicide and substance abuse could be integrated into health or physical education classes. Social studies

classes could address many of the issues raised in the chapters on gangs, runaways, latchkey children, weapons, child abuse, and parental and non-family abductions. Many chapters offer academically oriented activities; for example, some authors suggest that students read a novel or watch a film that relates to a child safety subject, activities that could easily be used in an English class.

The School's Involvement

These curriculum standards can be made even more effective if schools create clear and consistent disciplinary codes with rules that address child safety concerns. For example, specific and well-publicized consequences should be in place for students caught carrying weapons, possessing or using drugs, or wearing gang-related clothing.

Approval from the school district and school board also is critical to the acceptance and effectiveness of these curriculum standards. Teachers and parents should also be consulted, especially since many of the chapters address sensitive topics that will be dealt with differently according to local community standards.

The Child Safety Curriculum Standards are designed to promote implementation of policies on child safety as well as to complement existing programs. In either instance, these curriculum standards do not supersede current local or state legal requirements in the relevant jurisdiction. While compatibility is assumed, it is always a good idea to know what the law requires in your area.

Before implementing these curriculum standards, a needs assessment should be done to ascertain which topics should be emphasized. For example, some communities may have a serious gang problem, while others may find that bullying presents a problem in the local elementary school and that a number of high school students have been caught carrying guns. The appropriate chapters can be used in each school to address these problems.

The Community's Involvement

Although schools often take the lead in shaping children's lives, other adults and community institutions can also be recruited to help disseminate this information. Parental involvement is quite important, since parents also need to learn as much as possible about child safety and since their involvement gives the clear message to their children that they care.

Senior citizens represent an often-untapped resource in the community. They can be involved in the school through volunteer efforts, such as tutoring children, speaking to classes about their own life experiences, or serving as a caring mentor. Local companies often set up corporate/school partnerships that give schools needed funds or equipment. And the media can generate public support for child safety prevention strategies, raising adults' awareness of the dangers

children face and how they can be protected.

An Emphasis on Character Development

Character development is a common thread that runs throughout these curriculum standards, tying together the concepts of self-esteem, respect for others and personal responsibility and relating them to child safety. These issues are so critical to this project that it seemed appropriate to address them separately here.

In almost every area, the authors emphasized the need for young people to accept personal responsibility for their actions. Children must be taught that a real connection exists between what they do and what happens to them. This does not mean that children are to be blamed for being victimized, but that they can be empowered to take responsibility for their own safety through a child safety curriculum.

Accepting responsibility also means that a child learns to find solutions to problems rather than making excuses — and that the solutions involve positive choices. This is an essential skill for all students to learn, since it gives them the ability to reject negative solutions — such as gangs and drugs — and the ability to accept the consequences of their actions. This approach also involves learning to set goals and make decisions.

A direct correlation exists between positive self-esteem and the willingness of a child to accept responsibility, solve problems and become more confident. For this reason, a child safety curriculum must help students recognize and appreciate what they do well and value their unique qualities. It should teach students to set realistic goals, give each student a chance to experience success, and emphasize each step of the students' growth. Building healthy self-esteem means teaching a child to love himself — and that involves giving children positive messages that they may or may not receive at home.

Because students come to school with varying skill levels, educators can't assume that a child knows how to ask for help, follow instructions or set a goal. They may lack basic friendship-making skills, such as joining in, accepting a compliment or sharing.

Teaching such skills is also vital to teaching child safety. It is one thing to convince a child that they should say no to drugs or gangs, but it is quite another matter to teach them how to say no. Many children have simply not developed the assertiveness and self-confidence to refuse a slick drug pusher or macho gang-banger. For this reason, many chapters focus on teaching assertiveness, dealing with feelings, and handling anger or fear.

The world is a scary place for today's children. They face a multitude of problems that places them at risk. However, the combined efforts of adults in the school and the community can empower children so that they can protect themselves. The development of these age-appropriate curriculum standards represents not an end, but a beginning. These standards provide the

basis for empowering young people to become successful and productive citizens.

BULLYING

STANDARDS SUMMARY

K - 1 and **2 - 3**

- Students should understand what bullying is and that it is wrong to hurt another child either physically or in other ways, such as isolation from the group. Instead of using physical force, children need to learn better ways to cope with conflict.
- Students should agree that they will not bully others.
- Students should increase their self-esteem and improve their communication skills, including how to be assertive without being aggressive.

4 - 6

- Students should understand that the idea that bullying is a normal part of the growing-up process is a myth. Make it clear that bullying will not be tolerated and any bullying incidents should be reported to an adult. Social skills, such as the ability to make friends and to settle conflicts through non-physical means, should be stressed.

7 - 8 and **9 - 12**

- Students should understand the consequences of violent behavior and realize that violence is not an acceptable solution to conflict. Aggressive students should be taught non-violent ways to channel their anger, while passive students need to learn ways to be assertive without resorting to violence.
- Students should understand that violence often perpetuates more violence and that committing one criminal act frequently leads to further illegal acts and even a life of crime.

OVERVIEW

Bullying is perhaps the most enduring and underrated problem in our schools today. The problem of bullying has existed for as long as children have been going to school. In fact, most adults remember their schoolyard bully — often by name.

For too long, many adults have viewed bullying as a normal part of growing up, saying "kids will be kids." Teachers and other school personnel frequently aren't aware of the problem, or they simply ignore the problem because they feel unable to prevent it. But allowing bullying to continue presents serious consequences for schools. Bullying creates a climate of fear and anxiety for students, which distracts minds and inhibits the learning process. If the problem goes unchecked, it can destroy lives and put society at risk.

Bullying is defined as one or more individuals inflicting physical, verbal or emotional abuse on another individual or individuals. Physical bullying can range from being hit or shoved to being stabbed or shot. Verbal and emotional bullying are less conspicuous — such as being teased or embarrassed, threatened or intimidated, or intentionally excluded or ostracized — but can create fear and anxiety equal to abuse that is inflicted physically.[1]

About one out of seven youths — or about 15 percent of all children in school — is involved in some level of violence either as a victim or a bully, according to research by Dr. Dan Olweus, a leading international expert who has studied bully-victim problems for more than 20 years.[2] Dr. Olweus, a professor of psychology at the University of Bergen in Norway and recently a visiting fellow at the Center for the Advanced Study of Behavioral Sciences at Stanford University in California, has surveyed more than 150,000 elementary and junior high school students in Norway and Sweden.

One in 10 students is regularly harassed or attacked by bullies, Dr. Olweus reported, and virtually every classroom is affected by the problem to some degree. "The school is, no doubt, where most of the bullying occurs," he said. Even though bullying is widespread in schools, Dr. Olweus found that teachers often don't try to stop the problem when it occurs.

Roughly 40 percent of the bullied students in the primary grades and almost 60 percent in junior high school reported that teachers tried to "put a stop to it" only "once in a while or almost never." About 65 percent of all bullied students in elementary grades and as many as 85 percent of students in junior high school said their teachers had *not* talked with them about bullying, according to Dr. Olweus' research.

Younger students are victimized most frequently. The average percentage of students — boys and girls — who were bullied in grades two to six was approximately twice as high as that in grades seven to nine. More than 50 percent of the bullied children in the lowest grades reported that they were bullied by older students.[3]

The Norwegian government commissioned Dr. Olweus to study the problem and launched a nationwide campaign to stop bullying in 1983 after a sensationalized case in which several young boys who had been bullied at school committed suicide.[4] In Japan, where bullying is known as *ijime*, a 14-year-old boy also killed himself after repeated bullying. Apparently, educators knew about but failed to prevent other students from making the boy perform degrading acts such as eating grass. This and several other suicides believed to be related to bullying provoked public action by the Japanese to confront the problem.

In the United States, several recent news stories also have told about bullying incidents that ended in tragedy:

- A 12-year-old bright, slightly overweight boy, who bullies teased and called names such as "Chubby" and "Dictionary," fatally shot another student before shooting and killing himself

during a class at DeKalb Junior-Senior High School in Missouri during 1987.

- Also in 1987, a 19-year-old Clearwater, Florida, student was knocked to the concrete floor and struck his head during a fight in the high school locker room, then lapsed into a coma and died the following day. Police arrested a 17-year-old football lineman, who said he hit the older boy twice after being taunted repeatedly in class.
- At Oakland Technical High School in California during 1985, a 19-year-old student who had been bullied for a week ended up wrestling in a crowded school corridor with the 16-year-old bully. Thinking the younger boy was going for a gun, he reached for the weapon he was carrying and reportedly shot the youth to death with two bullets in the back.[5]

Bullying affects overall campus climate and safety as well as creating attendance problems. Many students simply are afraid to go to school because of the abuse they know awaits them there. Four percent, or about 800,000 students, said they stayed home from school at least once in the previous month because they were afraid, according to the landmark 1978 *Violent Schools — Safe Schools* report by the National Institute of Education.[6] When bullied children are at school, they often avoid certain places — such as hallways, certain playground areas and especially bathrooms — where their chances of being alone and vulnerable to an attack are increased. Bullying victims also are far more likely than other students to bring a weapon to school to protect themselves.

Penny-ante extortion is a common measure employed by bullies and groups of bullies to exact tribute from those they dominate and, at the same time, to line their pockets. Both teachers and parents should be concerned about the possibility of bullying if a child frequently needs extra school supplies or lunch money. Similarly, if a child takes toys or other possessions to school and regularly "loses" them, they actually may have been extorted by a bully. When possible, children should be discouraged from taking money and other personal valuables to school.

The euphemism of "bullying" frequently includes serious criminal acts, such as robbery and extortion, assault and battery, threat of bodily harm, gang activity, weapons possession, civil rights violations, and even attempted murder and murder. These are *crimes*, and the fact that they were committed by students on school grounds does not make them any less than crimes.

Most of us sharply underestimate the amount and severity of crime that takes place in the school environment. Millions of crimes occur at schools every year, although just how much school crime is related to bullying is not known. Still, with about 15 percent of all schoolchildren affected either as bullies or victims, the problem certainly has a significant impact on school crime and violence.[7]

During 1987, almost 3 million students, teachers and others (age 12 or older) were victims of a criminal act on a school campus, according to estimates from the National Crime Survey.

Most of these personal victimizations were thefts, but many assaults and robberies occurred as well, and a number of these resulted in injuries.

James R. Wetzel, director of the Center for Demographic Studies, U.S. Bureau of the Census, reported that approximately 465,000 violent victimizations occurred in and around schools in 1987. These included 75,900 aggravated assaults (50,980 with injury); 36,850 robberies (22,610 with injury); and almost 350,000 simple assaults (nearly 110,000 with injury).

Unfortunately, Wetzel noted, only about one-third of all violent crime committed or attempted against youths is even reported to authorities.[8] Students often adopt a "code of silence" when they are victimized. A youngster who gets beaten up or harassed by bullies may not want to get the reputation of "tattling" to the teacher or parents. Frequently, victims have the real fear that telling an adult simply will lead to further attacks. School officials need to provide adequate support and, if necessary, protection for bullying victims or it will reinforce the concern of victims to keep silent.

The first National Adolescent Student Health Survey, conducted in the fall of 1987, also presents a gauge of how serious school crime and violence is today. The survey involved a representative nationwide sample of approximately 11,000 students in the eighth and tenth grades from more than 200 public and private schools in 20 states.

According to the NASH study, adolescents between the ages of 12 and 19 have the highest victimization rates for violent crimes and theft than any other population segment. Almost half of the boys surveyed (49 percent) and about one-fourth of the girls (28 percent) said they had been in at least one fight during the past year. More than one-third of the students (34 percent) reported that someone threatened to hurt them, 14 percent had been robbed, and 13 percent had been attacked while at school or on a school bus during the past year.

Weapons also are becoming more accessible to adolescents, the NASH study pointed out. About 40 percent of the boys and 24 percent of the girls surveyed stated that they could obtain a handgun if they wanted one. Three percent of the boys said they brought a handgun to school at least once during the past year, and 1 percent of the boys said they brought a handgun to school daily. A knife was brought to school at least once during the past year by 23 percent of the boys, and 7 percent of the boys surveyed reported they carried a knife to school daily.[9]

School crime and violence, of which bullying is a significant part, disrupts the learning process and creates an atmosphere of fear on campus. Victims of bullying often are left with emotional scars that can last years after their physical torment has ceased. But while the victims usually survive their oppression, although not unscathed, the bully appears self-doomed. One report calls the bully "a lifelong loser," and current research indicates that the bully's whole life often is stacked against him. Young bullies are far more likely to drop out of school, commit crimes as adults, and become abusive spouses and parents.

A 22-year research project by Dr. Leonard D. Eron and Dr. L. Rowell Heusmann, professors at the University of Illinois at Chicago, indicates that bullies have about a one-in-four chance of ending up with a criminal record by age 30.[10] In comparison, a child normally has about a one-in-20 chance of growing up to become a criminal.

Dr. Eron and Dr. Heusmann said they found "a remarkable stability of aggressive behavior" in their longitudinal study, which began in 1960 by researching an entire group of third-grade students — 870 children — from a semirural county in New York. They followed the children's progress into adolescence and adulthood by conducting subsequent interviews with more than 400 of their original subjects.

"Children at age 8 who started a fight over nothing, who pushed and shoved other children, who took other children's things without asking, who were rude to teachers, and who said mean things to other children — behaviors that often are passed off as normal, as 'boys being boys' — these same children, by the time they were 19, were more likely to be cited in juvenile court records and to have not achieved well educationally," Dr. Eron said.

Some specific results of their research include:

- The more aggressive boys were at age 8, the more likely they were to get into trouble with the law as adults.
- The most aggressive boys were about three times more likely to be convicted of a crime than their peers.
- The most aggressive boys were less apt to finish college and have good jobs.
- Girl bullies grow up to be mothers of bullies. Punishing their children may be the only area in which a female can express aggression without fear of social censure or retaliation.
- Aggression is transmitted from parent to child, thus perpetuating the cycle.

"It is harder and harder for kids to change once the pattern is set and time goes on," Dr. Eron observed. "As the data on the stability of aggressive behavior imply, it is important to intervene early in the lives of youngsters who show signs of developing an aggressive, antisocial lifestyle. By the time they reach adolescence, it may be too late."[11]

Anti-bullying efforts can be effective. In Norway, where a nationwide campaign against bullying was initiated in 1983, largely under the guidance of Dr. Olweus, bullying and victim problems were reduced by 50 percent in two years. The program includes a network of action by teachers, parents and students.[12]

Research tells us that not just some, but many, of our children are suffering from schoolyard bullying. And often they suffer in silence. This is an adult problem as much or more than it is the children's problem. Understanding the bully-victim problem as well as implementing solutions are necessary elements of a prevention and intervention effort. The cycle of victimiza-

19

tion will continue unless bullies and victims get our help now.

Endnotes

1. Stuart Greenbaum with Brenda Turner and Ronald D. Stephens, *Set Straight on Bullies* (Malibu, CA: National School Safety Center and Pepperdine University Press, 1989), p. 3.
2. Dr. Dan Olweus, "Schoolyard Bullying — Grounds for Intervention," *School Safety* (National School Safety Center Newsjournal), Fall 1987, pp. 4-11.
3. Ibid.
4. Ibid.
5. Greenbaum, pp. 9, 11 and 43.
6. National Insitute of Education, U.S. Department of Health, Education and Welfare, *Violent Schools — Safe Schools: The Safe School Study Report to Congress* (Washington, D.C.: Government Printing Office, 1978).
7. Olweus.
8. James R. Wetzel, "School Crime: Annual Statistical Snapshot," *School Safety* (National School Safety Center Newsjournal), Winter 1989, p. 8.
9. American Alliance for Health, Physical Education, Recreation and Dance, *National Adolescent Student Health Survey* (Reston, VA: American Alliance for Health, Physical Education, Recreation and Dance, Fall 1987).
10. Dr. Leonard D. Eron, "Aggression Through the Ages," *School Safety* (National School Safety Center Newsjournal), Fall 1987, pp. 12-16.
11. Ibid.
12. Marjory Roberts, "Schoolyard Menace," *Psychology Today*, February 1988, pp. 53-56.

CURRICULUM STANDARDS

K - 1 and **2 - 3**

STANDARD: Students should understand what bullying is and that it is wrong to hurt another child either physically or in other ways, such as isolation from the group. Instead of using physical force, children need to learn better ways to cope with conflict.

Young children lack adequate social skills and desire for their needs to be gratified immediately. For example, a 2-year-old who wants to play with a certain toy simply may grab the toy away from another child. Children learn from their parents, teachers and other adults that they should share and that it is wrong to hit or use other types of physical aggression to get their way. While most children should have learned these lessons fairly well by the early grade school years, some may continue to use physical force on others or act out in other socially unacceptable ways.

STRATEGIES:

1.) Use the Structured Learning approach to teaching social skills outlined in *Skillstreaming*

the Elementary School Child by Dr. Ellen McGinnis and Dr. Arnold P. Goldstein. The process involves group discussion and role playing. Although the entire class can be involved in the activity, the authors recommend working with groups of five to eight students and two teachers (one adult could be a counselor, principal or parent aide). Sessions should be three to five times a week and approximately 20 minutes long for students in grades one and two or 30 minutes for third-graders.

The four steps of Structured Learning are *modeling*, *role playing*, *performance feedback* and *transfer of training*. If the social skill being studied is "responding to teasing," the teachers (or one teacher and a competent student) would model two or more situations that demonstrate *what to do* when confronted with this problem. Showing how to use verbal mediation, the model might say, "I believe I am being teased because they are looking at me and laughing. I don't like being teased, but I won't let them know that! I'm angry, so first I have to cool down. I need to count to five.... Now I think of my choices, etc."

Next, the group should discuss real-life situations when they have been teased. Students then would role play some teasing situations that could happen in the future. This enables the students to learn how to perform the skill. In the performance feedback step, the group gives feedback to the role players about their performance by suggesting constructive and positive comments rather than being negative. In the final step, transfer of training, students are given homework assignments to use the skills they have learned in their daily real-life experiences.

2.) As a class, discuss the importance of having rules and come up with several rules for the group to follow. Rules should be phrased in a positive manner, telling students what to do, not what to avoid doing. Abstract statements such as "respect the rights of others," while a good goal, are too abstract for this age group. Concentrate on behaviors, such as "keep your hands and feet to yourself" and "wait until the other person has finished talking before you begin to speak."

Some rules regarding bullying might be to "talk out your problems instead of getting into a fight," "try to help students who are bullied," and "spend time with students who are easily left out." Avoid having too many rules or students this young won't be able to remember them all. Write the rules on the board or on a chart and post them where they can be seen. Go over the rules frequently.

3.) Read aloud to the class books that deal with bullying (see resource list). Follow with a class discussion about the book and also talk about things such as dealing with being teased, standing up to a bully verbally instead of fighting, and accepting others even if they are different.

STANDARD: Students should agree that they will not bully others.

If a child is being bullied or witnesses bullying occurring, stress the importance of getting help

from an adult. Emphasize that it's not "tattling" to tell a teacher, parent or other adult if they or others are being harmed by a bully. Students should also understand the larger consequences of bullying, such as how it affects the victim's ability to learn in the classroom.

STRATEGIES:

1.) Have a police officer or a judge visit the class and talk about why we have laws, their importance and why we must obey them. Explain that taking money or other items from another person without their permission or hitting someone is against the law. Stress how important it is for individuals to report crimes. In comparison, tell students the importance of reporting bullying incidents to their teacher, parents or another adult.

STANDARD: Students should increase their self-esteem and improve their communication skills, including how to be assertive without being aggressive.

STRATEGIES:

1.) Role play various situations, such as having lunch money extorted by a bully or dealing with anger and getting into fights. Guide the children in how to use negotiation skills to avoid conflict.

2.) Divide into pairs or groups and practice problem-solving techniques. The children should go through the four problem-solving steps, which are: 1) Define the problem; 2) List three solutions; 3) Choose the best solution; and 4) Evaluate the solution. Some problems that could be discussed include:

- Tommy wants to buy ice cream every day. If he doesn't have enough money, he just tells one of the first-grade students to give him a quarter and his problem is solved.
- Billy's headaches are getting worse. He hasn't liked school ever since Brad moved into their town. Brad has thrown Billy's books out the class window three times.

3.) Organize projects that students can work on in groups or pairs. Less assertive children should be matched with more assertive students. Through observation, the teacher can determine which students have difficulty working together and if a child is being a bully or a victim. Work with the children to negotiate a solution to disputes rather than one individual always getting his way.

4 - 6

STANDARD: Students should understand that the idea that bullying is a normal part of the growing-up process is a myth. Make it clear that bullying will not be tolerated and any bullying incidents should be reported to an adult. Social skills, such as the ability to make

friends and to settle conflicts through non-physical means, should be stressed.

STRATEGIES:

1.) Read and discuss books that deal with the topic of bullying (see resource list). Discuss how the problem of bullying was dealt with in these books and how it can be handled in real life. Try to offer solutions for both victims and bullies.

2.) View a film, such as *Set Straight on Bullies* or *Nobody Likes a Bully*, and have the students discuss how they as individuals, their class and the school can reduce bullying. Talk about the solutions that are presented in the videotape and how they can be incorporated at their school.

3.) Divide students into groups and have each group write and perform a one-act play about a bullying situation. Each play should include how the conflict is resolved. After each performance, have the class discuss the situation that was presented and how the conflict was resolved, then have them offer suggestions for resolving bullying situations that occur in real life.

4.) Conduct a mock trial, with some students serving as lawyers and witnesses and others as the jury. Before the trial, have students learn about the legal process and why we have laws. The trial should concern an act related to bullying, such as assault and battery or extortion of money.

5.) Train students to mediate in conflict situations that arise among their peers.

7 - 8 and **9 - 12**

STANDARD: Students should understand the consequences of violent behavior and realize that violence is not an acceptable solution to conflict. Aggressive students should be taught non-violent ways to channel their anger, while passive students need to learn ways to be assertive without resorting to violence.

STRATEGIES

1.) Establish a Law-Related Education (LRE) program. The American Bar Association, through a grant from the Office of Juvenile Justice and Delinquency Prevention of the U.S. Department of Justice, sponsors a variety of LRE activities. The curriculum for an LRE course covers a variety of subjects, including juvenile law, rights and responsibilities, and the police and court systems.

Students take an active role in learning as they conduct mock trials; study court cases; visit courtrooms; ride along on police patrols; and interact with lawyers, judges, police officers, legislators and other law-related professionals. Research on existing LRE programs throughout the country indicates that students who have been involved in these programs have more

constructive attitudes toward the justice system and are less likely to resort to violence.

2.) Offer a course on violence prevention or include a unit on the subject as part of a health, social studies or sociology class.

3.) Students often think that "fight" or "flight" are their only choices in dealing with a conflict. Explore other alternatives that will help them constructively handle situations which otherwise would result in either fighting or fleeing. Using a list of hypothetical situations, students must give a fight response and a flight response before coming up with as many other responses as they can for each of the situations. On the subject of bullying, situations could include what to do if a bully is extorting money from you or what to do if a group is spreading rumors about you around school.

4.) Watch and discuss films that deal with the subject of bullying, such as *My Bodyguard*. Students also could examine how television and movies present unrealistic examples of dealing with conflict by resorting to violence. "Dirty Harry" and "First Blood" are just a few of popular movies in which even the "good guys" use violence to solve conflicts. Many cartoons also contain numerous acts of violence rather than showing children peaceful ways to settle disputes.

5.) Develop a peer counseling program that uses trained students to settle disputes among their peers. According to *Peer Facilitator Quarterly*, about 20,000 schools nationwide now have peer counseling programs. Students may be more willing to discuss their problems with other students, and having support and encouragement from their peers may help both bullies and victims from continuing in destructive behavior patterns. Too often, peers can promote violence by tolerating and even encouraging such behavior. When students themselves send the message that violence is not an acceptable way to resolve differences, a conflict is less likely to escalate to a violent conclusion.

6.) Discuss how bullying not only can be physical but also can be psychological in nature. Girls —especially during the junior high years — may ridicule, ostracize, humiliate or otherwise psychologically abuse their victim or victims. This form of abuse can be as damaging as being hit or kicked. Role play situations that involve psychological bullying, then have students discuss their feelings as well as how to prevent such bullying.

STANDARD: Students should understand that violence often perpetuates more violence and that committing one criminal act frequently leads to further illegal acts and even a life of crime.

In addition, teens need to see that those who rely on violence to solve conflicts really only create additional problems for themselves and those around them. Violent individuals generally become abusive toward their spouse and children as well. Students who are exposed to violence at home often grow up to become abusers themselves, and they need to learn how to break this

cycle of violence.

STRATEGIES:

1.) Discuss Dr. Eron's longitudinal study and the research done by other bullying experts which shows that the schoolyard bully often grows up to be an adult criminal. Students may want to examine other research that is available on the number of adult criminals who were juvenile offenders.

2.) Offer a parenting class for high school students or a unit on parenting as part of a health course. Teach students how to use non-physical forms of discipline and stress the need for being fair and consistent in disciplining children. Study how environmental factors influence a child's personality and the need for instilling self-esteem in children.

RESOURCES

Publications

De Bono, Dr. Edward. *Conflicts: A Better Way to Resolve Them.* New York: Viking Penguin, 1985.

Greenbaum, Stuart A., with Turner, Brenda, and Stephens, Ronald D. *Set Straight on Bullies.* Malibu, California: National School Safety Center and Pepperdine University Press, 1989.

Magid, Dr. Ken A., and McKelvey, Carole A. *High Risk: Children Without a Conscience.* New York: Bantam Books, 1988.

McGinnis, Dr. Ellen, and Goldstein, Dr. Arnold P., with Sprafkin, Dr. Robert P., and Gershaw, Dr. N. Jane. *Skillstreaming the Elementary School Child: A Guide for Teaching Prosocial Skills.* Champaign, IL: Research Press Company, 1984.

National School Safety Center. *School Bullying and Victimization* (NSSC Resource Paper), 5th printing, August 1990.

National School Safety Center. *School Discipline Notebook.* Malibu, CA: National School Safety Center and Pepperdine University Press, 1990.

Books for Pre-School and Elementary

Making Friends by Mister Rogers (Putnam, 1987). A Mister Rogers First Experience Book. (Preschool age).

Andy (That's My Name) by Thomas de Paola (Prentice-Hall, 1972). A boy who is teased stands up to the children who tease him. (Ages 3 to 5).

The Adventures of Connie and Diego/Las Adventuras De Connie Y Diego by Maria Garcia (Children's Book Press, 1987). A story of children who are teased because they are different. (Ages 4 to 8).

You Look Ridiculous, Said the Rhinoceros to the Hippopotamus by Bernard Waber (Houghton Mifflin, 1966). A hippopotamus is teased for not having a horn. (Ages 5 to 8).

Books for Junior High School

The Bully of Barkham Street by M. Stolz (Harper & Row, 1966). An overweight boy is bullied by other children.

Loudmouth George and the Sixth-Grade Bully by Nancy Carlson (Puffin Books, 1987).

Curricula

Prothrow-Stith, Dr. Deborah. *Violence Prevention Curriculum for Adolescents*. Newton, MA: Education Development Center, Inc., 1987.

Audio-visual

Nobody Likes a Bully, narrated by Bill Cosby (film, 15 minutes). Available from: School of Education, Winthrop College, Rock Hill, SC 29733 803/323-2151 Cost: $100.

Set Straight on Bullies (film and videotape, 18 minutes). Available from: National School Safety Center, 16830 Ventura Blvd., Suite 200, Encino, CA 91436. Cost: VHS and Beta videotape, $40; 16mm film, $200.

Model Programs

Community Guidance Clinic
Trent and Elva Streets
Durham, NC 27705
919/684-3044

This program at Duke University is conducted by Dr. John Lochman and involves small groups of four or five children who have been identified by teachers as over-aggressive or victim-prone.

"We tell the boys that this is a group which will teach them how to better handle situations that get them frustrated and angry," Dr. Lochman said. "We try to give them new ways to

respond. Instead of getting angry, for instance, they can try out coming back at a kid in a playful way."

The Children's Interpersonal Negotiations Project
Judge Baker Guidance Center
295 Longwood Avenue
Boston, MA 02115
617/232-8390

Conducted by Dr. Robert Selman and his associate at Harvard University, Michelle Glidden, this is a school-based program requiring eight to 10 weekly hour-long sessions with an adult trainer. Children are paired with those of contrasting personalities—an aggressive child is paired with a non-aggressive youngster.

A typical session consists of: 1) Showing a filmstrip of a "hypothetical" interpersonal dilemma; 2) Discussion by the pair about the filmstrip to generate alternative solutions and ultimately choose the "best" solution; 3) A free-play period with an activity chosen together by the pair; and 4) An end-of-the-session period of discussion on any "real-life" problem that occurred during the play period.

During the free-play period, the adult trainer helps the children learn how to verbally negotiate solutions rather than resolving their differences through physical might. "The specific 10-week training for pairs of children can be done by school counselors or other interested school staff," Dr. Selman said.

Organizations

National School Safety Center
4165 Thousand Oaks Boulevard, Suite 290
Westlake Village, CA 91362
805/373-9977

Center for Research on Aggression
Syracuse University
805 South Crouse Avenue
Syracuse, NY 13244-2280
315/443-9641
Contact: Dr. Arnold Goldstein

Harvard University
Graduate School of Education
409 Larsen Hall
Cambridge, MA 02138
617/495-3541
Contact: Dr. Ronald G. Slaby

I Am Somebody, Period, Inc.
851 Pinewell Drive
Cincinnati, OH 45230
513/474-4449
Contact: Ruth Underwood

Law-Related Education
c/o National Institute for
Citizen Education in the Law
711 G Street S.E.
Washington, D.C. 20003
202/546-6644

National Assault Prevention Center
P.O. Box 02005
Columbus, OH 43202
614/291-2540

National Crime Prevention Council
733 15th Street, N.W., Suite 540
Washington, D.C. 20005
202/393-7141

National Organization for Victim Assistance
P.O. Box 11000
Washington, D.C. 20008
202/393-6682

National Peer Helpers Association
2370 Market Street, #120
San Francisco, CA 94114
415/626-1942
Contact: Ira Sachnoff

National Victim Center
307 West 7th Street, Suite 1001
Fort Worth, TX 76102
817/877-3355

Dr. Dan Olweus
Department of Personality Psychology
University of Bergan
Oysteinsgate 3
N 5000 Bergen
NORWAY

Oregon Social Learning Center
207 E. 5th Avenue
Eugene, OR 97401
503/485-2711
Contact: Dr. Gerald R. Patterson

Education Development Center, Inc.
55 Chapel Street
Newton, MA 02160
617/969-7100

Cornwall Central High School
122 Main Street
Cornwall-Hudson, NY 12518
914/534-8926
Contact: Dr. Robert E. Maher

Society for Prevention of Violence
3109 Mayfield Road, Room 207
Cleveland Heights, OH 44118
216/371-5545

Delwyn P. Tattum
Reader in Education
South Glamorgan Institute of Higher Education
Cyncoed, Cardiff CF2 6XD
GREAT BRITAIN

Vanderbilt University
Department of Psychology and
Human Development
418 MRL Building
Nashville, TN 37240
615/322-8141
Contact: Dr. Kenneth Dodge

CHILD ABUSE AND NEGLECT

STANDARDS SUMMARY

K

- Students should understand their value, worth and uniqueness.
- Students should understand the importance of communication (talking) as the best method a child has of informing others what he is experiencing and how he feels.

1 - 3

- Students should, once they have learned the key concepts of *self-esteem* and *communication*, understand that *feelings* are part of what make people special and are just as important as any other part of them.
- Students should understand the concept of Children's Rights in terms of their right to express feelings and their right to be safe.
- Students should understand the "Say No" rule on two levels: Externally *saying* "No" means "No," and internally *thinking* "No" means "I have value."
- Students should understand the "Get Away" rule.
- Students should know the "Tell Someone" rule, should understand the difference between "telling" and "tattling," and should know to "keep telling until someone listens, believes and will help."
- Students should be able to differentiate between good and bad secrets — what to tell, what not to tell.
- Children should know that if they are hurt or scared by an older person, they are *never to blame*; it is *not their fault*.
- Students should know the definitions of "privacy" and "private parts" and why they need special protection.
- Students should understand the concept of "appropriate touch."
- Students should understand the concept of bribery.

4 - 6

All of the above, plus:

- Students should understand the concept of abuse and should know the name, definition and examples of each type of maltreatment — physical abuse, sexual abuse, emotional abuse and neglect.

7 - 8 and **9 - 12**

Older students should be taught all of the above with emphasis on the dynamics and factors inherent in abuse.

OVERVIEW

Child abuse is real. It happens every day. Each year, more than 2 million children are reported as being physically abused, neglected, sexually molested or emotionally abused.[1] Between 1980 and 1986, child abuse reports to the Department of Children's Services alone increased by 74 percent.[2] According to the National Committee for Prevention of Child Abuse, approximately 1,200 children die each year as a result of child abuse and neglect.[3]

Some experts estimate that for every case of child abuse that's reported, many more go unreported and unacknowledged.[4] Even conservative experts estimate that 20 percent of children, or one out of five, are victims of child abuse.[5] More than half of these children are school age.[6] According to a 1986 *Los Angeles Times* survey, only 3 percent of those who had been sexually abused as children reported the incident to a public agency.[7] Researcher David Finkelhor's compilation of 15 major studies of sexual abuse in childhood showed that one out of every seven women interviewed were victims of sexual abuse before the age of 18.[8] A survey of 930 women revealed that 39 percent experienced serious/severe sexual abuse as children; an additional 15 percent reported less serious non-touching incidents.[9]

Child abuse is destructive. Its short-term results are appalling enough — the most serious cases can result in broken bones; blindness; hearing loss; brain damage; malnutrition; pneumonia; scarred vaginas, rectums and mouths; and sexually transmitted disease. But its long-range effects are absolutely staggering. According to one study, most of the violent inmates in San Quentin, a maximum-security California prison, were abused as children.[10] In a study of violent delinquents, 75 percent reported they had been brutally physically abused as children.[11] It is estimated that one out of every three women is battered; 80 percent of those who batter women were either abused as children or witnessed abuse in their homes.[12]

Some surveys of child molesters have revealed that as many as 85 percent were sexually abused as children.[13] From 1976 to 1986, the national arrest rate for 13- and 14-year-olds accused of rape doubled. In the vast majority of cases, the abuser had been abused in childhood.[14] According to The National Council of Juvenile and Family Court Judges Conference White Paper, "Well over one million children will run away this year. More than half will run from physical maltreatment...by family members; a third will run from sexual abuse. Many will be 'pushouts' or 'throwaways' —children whose parents encourage, even demand them to leave and never return." Many runaways turn to theft, prostitution and pornography as methods of supporting themselves. The White Paper went on to state, "Our nation must face an inescapable

fact: Children harmed mentally or physically become scarred and disabled adult citizens. Their potential as human beings...lost. Our society applies Band-Aids to a hemorrhaging wound. A generation bleeds."[15]

Today's child abusers often are those adults, parents and caretakers who were yesterday's abused children. Social science research consistently shows that adults generally will parent in the way they were parented. As a result, child abuse frequently is passed from generation to generation. Studies indicate that parents who were themselves abused as children are six times more likely to mistreat their own children.[16] More than any other set of behaviors or values — religious, humanistic, materialistic, sexual — adults bring to parenting willingly and unwittingly those selfsame authority actions and reactions experienced as children. The real-life child becomes the tool and the means by which the parent's own internal abused child can now get all those childhood needs met. Of course, the real-life child is doomed to failure, irrevocably inadequate in the eyes of the parent.[17]

Until intervention occurs, the abuse of a child victim will go on, increasing in frequency and intensity — occurring more often, the battering more intense, the neglect more pervasive, the molestation more intrusive. Too often, a child comes to the attention of the authorities only after he has been subjected to repeated and serious abusive actions. Typically, authorities are empowered to act only after it has been documented that the child's health or safety is seriously threatened. In the meantime, the child may continue to experience assaults and deprivations and may come to view these behaviors as normal, right and deserved.[18]

Currently, immediate solutions generally take the form of supervision of the child in his or her own home, removing the child from the home on a short-term basis, family therapy, foster placement, adoption, parent self-help groups such as Parents United or Parents Anonymous, and teaching children minimal safety rules.

The field is still struggling with long-range solutions of which education will be a significant part. Solutions range from the "quick fix," "one-shot" student lesson to a comprehensive curriculum that develops self-esteem in consort with self-protection skills.[19] The "one-shot" is to be presented by individuals other than teachers who come into the schools to deliver the instruction. The comprehensive self-esteem approach becomes an ongoing part of the school's curriculum and is taught by school site teachers.

Research on child victims shows that those with strong self-concepts, those who simply do not readily accept the negative messages of parent perpetrators, those who mentally battle those messages, do cope successfully with abuse and survive it.[20] Concentration camp prisoners have attributed their survival to similar responses to their captors.

The self-esteem approach seeks to instill in the child a different way of perceiving what is happening to him, to unteach what the perpetrator parent/caretaker is so effectively teaching, to

convince the child that he does have some power over his own fate, to instill in him the conviction that there is a better way to treat children. Along with developing self-esteem, children need to be able to rely on supportive adults they can turn to for help. Greater public concern about this pervasive problem is essential or child abuse will continue to go unreported and unresolved.

The safety standards that follow represent a differentiated self-esteem/self-protection approach to child abuse prevention instruction.

Endnotes

1. L.H. Herrington, *National symposium on child molestation* (Washington, D.C.: Department of Justice, 1984).
2. U.S. Department of Health and Human Services, *Study of National Incidence and Prevalence of Child Abuse and Neglect* (Washington, D.C.: U.S. Department of Health and Human Services, 1988.
3. B. Kantrowitz, et al. "And Thousands More," *Newsweek*, December 12, 1988, pp. 58-9.
4. E. Landau, *Child Abuse: An American Epidemic* (New York, NY: J. Messner, 1984), p. 4.
5. M. Durfee, "Personal Communication," August 18, 1989.
6. D.D. Broadhurst, *The Educators' Role in Prevention and Treatment of Child Abuse and Neglect* (Washington, D.C.: National Center on Child Abuse and Neglect, Department of HEW, 1979).
7. National Clearinghouse on Child Abuse and Neglect, *Child Abuse and Negelct: An Informed Approach* (Washington, D.C.: U.S. Department of Health and Human Services, 1986).
8. D. Finkelhor, *A Sourcebook on Child Sexual Abuse* (Beverly Hills, CA: Sage, 1986), pp. 20-21.
9. D. Russell, "The Incidence and Prevalence of Intrafamilial and Extrafamilial Sexual Abuse of Female Children," *Child Abuse and Neglect, The International Journal* 7 (1983):133-146.
10. H. Banks, "Aftermath of Physical Punishment, Ages 1-10," 1975. (Mimeographed.)
11. D.O. Lewis, "Violent Juvenile Delinquents," *Journal of American Academy of Child Psychology* 18 (1982):307-327.
12. D. Davis, *Working with Children from Violent Homes: Ideas and Techniques* (Santa Cruz, CA: Network, Inc., 1986).
13. A.N. Groth, "The Incest Offender," in *Handbook of Clinical Intervention in Child Sexual Abuse*, ed. S. Groi (Lexington, MA: Lexington Books, D.C. Health, 1982).
14. F. Barringe, "Youth Sex Offenses Increase, Ages Drop." *The Daily Breeze*, May 31, 1989, reprinted from the *New York Times*.
15. National Council of Juvenile and Family Court Judges, *Conference White Paper* (Washington, D.C.: National Conference on America's Missing, Runaway and Exploited Children: A Juvenile Dilemma, November 1988).
16. Kantrowitz, p. 59
17. V.S. Lamphear, "The Impact of Maltreatment on Children's Psycho-social Adjustment: A Review of the Literature," *Child Abuse and Neglect* 9 (1985): 251-264.
18. H. Zimrin, "A Profile of Survival," *Child Abuse and Neglect* 10 (1986):339-349; and R.K. Oates, D. Forrest and A. Peacock, "Self-esteem of Abused Children," *Child Abuse and Neglect* 9 (1985): 159-164.

19. J. Sale, "Presentation to the California Child Development Programs Advisory Committee," Los Angeles, CA, September 1988.
20. P. Benner, E. Roskies and R.S. Lazarus, "Stress and Coping Under Extreme Conditions." In *Survivors, Victims and Perpetrators*, ed. J.F. Dimsdale (New York, NY: Hemisphere, 1980); and H. Zimrin, "A profile of survival," *Child Abuse and Neglect* 10 (1986): 339-349.

CURRICULUM STANDARDS

K - 1

STANDARD: Students should understand their value, worth and uniqueness.

Before a child can be expected to take a proactive stand in his defense, he must believe he is worth defending. As research indicates, child abusers select victims whom the perpetrators see as vulnerable. These victims usually are, or present themselves to be, unsure, timid, weak or defenseless. Therefore, while it is important to teach children to be assertive and definitive in their response to unwanted behavior, teaching them how to respond is not only insufficient but also premature.

In order to convince the perpetrator that "No" means "No," the child must first believe in his right *not* to be harmed. Therefore, the first and primary step in teaching self-protection strategies is to convince the child that he has value and that he has a *right* to be safe. Once the child believes that he has worth, that he is just as good and important as anyone else, he will be able to accept, internalize, and use the skills and strategies of self-protection he is being taught.

STRATEGIES:

1.) Discuss the meaning of valuable, special, unique. Elicit examples of what the children consider valuable (money, jewelry, cars, etc.).

2.) Explain that what is most valuable is a person, that no person is more valuable than any other, that a child is a person, and that each child is most valuable.

3.) Discuss the differences/similarities among children, i.e., their uniqueness.

4.) Have each child look in a mirror and describe what he sees.

5.) Introduce the idea of protection — that is, things of value must be protected and not hurt. No one has the right to hurt what is most valuable—a person/child.

STANDARD: Students should understand the importance of communication (talking) as the best method a child has of informing others what he is experiencing and how he feels.

The most difficult barrier to overcome when trying to deal with a child's victimization is the element of secrecy. While intimidation, fear and threats are the common and obvious devices

used by an abuser to ensure the victim's silence, these only serve to reinforce a condition that most often exists — the fact that most children have already been programmed *not* to talk, to think that what they say is of little consequence. "Hurry up and finish" is the attitude many adults have when listening to children, particularly young children, attempt to communicate. Therefore, if the message a child continually receives is one that discourages and downplays what he might be thinking or feeling, he too eventually will discount his thoughts and fail to express them.

This problem is compounded when abuse is the issue. To expect a young child to differentiate between most situations (about which we don't care to hear) and child abuse (about which we tell the child to communicate) is unrealistic. Children should not be required to be this selective, primarily because they simply are unable to make these types of distinctions. In order to be t ensure that a child will talk about abuse should it occur, the child must be taught to talk — period. By encouraging children to communicate their experiences and feelings — good, bad and otherwise — children will come to learn that talking and telling is OK which, in turn, is the best assurance we have that everything, including abuse, will be revealed. By our reacting in a supportive and interested manner to whatever is told, children learn that certain adults care and are there to acknowledge and help them. They learn that what they say is worthy and will be attended to.

Given this foundation, the chances of children telling about abuse greatly increase and the effectiveness of the devices used by the perpetrator to hide the abuse dramatically decrease.

STRATEGIES:

1.) Tell the children that part of what makes them so special and so unique is what they do and what they feel. Give examples.

2.) Emphasize that because children are so special, they need to be kept safe and protected — like anything valuable.

3.) Explain that the best way a person has to protect himself is by telling someone what is happening or how he feels. By talking about what we like/don't like, what scares us/hurts us, people who care have a chance to help. Dogs *bark*, cows *moo*, etc., but most people *talk* so other people can understand.

4.) Elicit from the children a list of persons they can go to if they feel like talking — about anything — or if they need help.

1 - 3

STANDARD: Students should, once they have learned the key concepts of self-esteem and communication, understand that feelings are part of what makes people special and are just as

important as any other part of them.

Once the concepts of self-esteem and communication are in place, all subsequent concepts follow. If a person is special and valuable, then every part of that person, including his thoughts and feelings, are special and valuable. If thoughts and feelings are special and valuable, then they should be given credence and attention as would any other part of the person.

The child should be taught that he has a right to his feelings whatever they might be: anger, happiness, fear, sadness. Feelings are healthy and normal. Just because a feeling can't be seen or touched doesn't make it any less real or important.

In spite of their critical importance, children as well as many adults tend to discount or ignore their feelings, particularly if they are negative. Rather than going away, these feelings grow and often manifest themselves in behaviors that are outwardly and/or inwardly destructive.

It is extremely important, therefore, that children be taught that:

- they do and should have feelings; and
- the best way to deal with feelings is to accept the fact that they have a right to feel certain ways, identify how they feel, and talk about the feelings both to the person(s) who may have caused them and to a person who can help with them.

STRATEGIES:

1.) Introduce the word "feeling(s)" (they're inside, can't be seen/touched, etc.).

2.) Elicit from the children examples of different kinds of feelings. Ask for examples of what might cause various feelings.

3.) Talk about a child's right to have feelings and the problems that can occur if feelings are ignored.

4.) Have the children describe what they do when they feel certain ways (cry, laugh, scream, etc.). What should they do? (talk)

5.) Explain that the *best* method to deal with feelings is to talk about them to an adult who will listen. Give examples.

STANDARD: Students should understand the concept of Children's Rights in terms of their right to express feelings and their right to be safe.

The fact that children have rights is a relatively new concept; the extent to which people accept this fact varies considerably. At one end of the spectrum is the adult who believes he "owns" the child; at the other extreme are those who believe a child should have complete autonomy and responsibility for himself. Both extremes are harmful; neither illustrates what is intended by the term Children's Rights.

Actually, children have rights with legal remedies as well as human rights that are necessary

for growth and development but for which there are no legal remedies. Affording children rights means recognizing children as human beings entitled to a chance to grow to their full potential. It is the adult who guarantees the child's chance to reach maturity physically and emotionally. It is the adult's responsibility to safeguard basic rights, not the child's. When a child's basic rights are ignored or violated, the child is harmed.Presenting to children the fact that adults can and do cause harm is an extremely delicate task, particularly with children of this age. Though not as literal as 3- to 5-year-olds, 6- to 8-year-olds still are not capable of learning, nor is it necessary for them to be taught, exactly how adults can be harmful. What is important is that children learn that:

- They can be hurt in various ways (left alone, not fed, hit, touched, ignored, yelled at, etc.);
- Any time they are hurt, confused or uncomfortable, they have the right to help; and
- No one has the right to hurt them.

STRATEGIES:

1.) Discuss the term Children's Rights and what it means, i.e., the right to be safe, not hurt, fed, etc.

2.) Discuss the fact that some people don't know about these "rights" and hurt children.

3.) List the ways children can be hurt by older/bigger people.

4.) Tell the children that any time they are hurt, scared, etc., they have a right to get help.

STANDARD: Students should understand the "Say No" rule on two levels: Externally saying "No" means "No," and internally thinking "No" means "I have value."

Telling a child that sometimes it's OK to say "No" to an adult contradicts what most children probably have been taught, i.e., respect adults, listen to adults, do what adults say.

Building on the previous strategy, it is now appropriate to teach children that listening to and respecting adults doesn't apply to those adults who frighten or injure them. When an adult violates a child's rights *to the point of harming or putting the child at risk*, that adult has relinquished his own right to respect. When this occurs, the child is no longer obligated to respect the adult either in words or actions.

However, directing children how to act or what to say to an offending adult must be approached with caution. What could work successfully for one child in one situation might prove disastrous for another child in a different or even similar situation. For example, research indicates that most pedophiles are non-violent and that in many situations the child's firm "No" is sufficient to prevent a potential molestation. But what about the not-so-passive molester? Does the child say "No" to the incestuous father or brother? Does saying "No" apply only to sexual abuse or to physical abuse as well?

Children must be taught that there is no guaranteed outcome no matter what they say or do not say. The educator must ensure that children understand that: 1) Saying "No" is a good response but not the only response available to them; 2) Should the child neglect to say "No," he is not at fault; and 3) "No" sometimes will work and sometimes it won't. For some situations, it's better to say nothing until the child is safely away from the person.

The concept of "Say No" has a second and equally important dimension: "Think No." "Thinking No" gives the child power and control over his environment. This is of critical importance. When the child verbalizes "No," the word is directed toward the act; but when he thinks "No," the refusal becomes incorporated into his attitude. The inward message is: "I do not deserve this treatment. I have rights. I am worthwhile and no one has a right to do this to me."

By teaching this second level of the meaning of "No," children will understand that "No" can be used in any situation they don't like and that "No" always applies whether or not the actual word is verbalized.

STRATEGIES:

1.) Present the issue of respect — what it means in relation to adults, i.e., not to disobey, talk back or say "No."

2.) Discuss that in *most* situations, children should respect adults, listen to them and do what they say.

3.) Elicit examples of when children should *not* say "No" to an adult.

4.) Ask for examples of when children can say "No," even to adults.

5.) Discuss the idea that saying "No" to anyone who might hurt or scare them is OK but, whether they say "No" or not, children should always think "No," i.e., "I don't deserve this," "This shouldn't be happening," etc.

6.) Tell the children that there may be situations when they don't, can't or are too scared to say "No." Stress that in all of these cases, they are not to blame.

STANDARD: Students should understand the "Get Away" rule.

Caution must be exercised when teaching children they are "immediately to get away" or "to get away fast!" In many situations, the child does not have the opportunity or ability to get away from the abuse occurring at that moment. Therefore, although getting away from an unpleasant or potentially dangerous situation is good advice, children need to know that they're not expected to do the impossible or attempt anything they feel could place them in further jeopardy.

Once the child has been taught that he has a right to safety and protection, it then makes sense that, should a dangerous situation present itself, he should get away *as soon as possible* —

whenever that might be.

STRATEGIES:

1.) Discuss the possibility of being in a scary or dangerous situation. Ask the children what they would do. (Children usually come up with unrealistic solutions.)

2.) Explain that when something seems dangerous, wrong, etc., they should "get away" — if they can — as soon as they can.

3.) Explain that in some situations, children cannot immediately get away because it could put them in further danger. Be specific in presenting what they can do:

- Say "No" only if they feel they can—that it's safe.
- Think "No."
- Get away if possible or as soon as possible.

Later, when it's safe, they should tell a trusted adult about what happened.

4.) Remind the children that even if they don't do any of the above, whatever should happen to them isn't their fault.

STANDARD: Students should know the "Tell Someone" rule, should understand the difference between "telling" and "tattling," and should know to "keep telling until someone listens, believes and will help."

Regardless of how many protection strategies we provide children, the ultimate responsibility for a child's protection rests with us, the adults. However, an adult, despite any concerns he may have about a child or a situation, is at a disadvantage when it comes to protecting a child if the child does not verbalize or in some way communicate what he is feeling or what has occurred. For this reason, it is essential that children talk and adults listen.

Even children who have been taught and would tend to communicate their feelings eventually learn that certain things will trigger a negative response in even the most caring adult. Tattling is one such behavior. Since children learn at an early age that tattling inevitably will bring a reprimand from an adult, they often become confused and may refrain from telling about anything for fear of being a tattler.

Children can understand this difference between telling and tattling: *Telling* is to protect someone; *tattling* is to get someone in trouble. To further clarify the difference, tattling usually occurs immediately after the incident, since children generally don't wait to tattle, i.e., "Teacher, Johnny's chewing gum!" On the other hand, telling often takes time to occur, if it ever does. Children wait, worry and agonize over whether to tell, i.e., "My uncle sometimes bothers me."

Although there are situations in which the purpose for telling is both to protect someone *and*

at the same time to get someone else in trouble, the protection aspect qualifies these situations as ones of telling, not tattling. However, it should be emphasized to children that whenever circumstances are not clear, the best thing to do is tell. Children also need to know that not all adults are interested in, prepared to, or capable of handling a child's problem or concern, let alone his victimization. Therefore, if the first or tenth adult who is told can't help, the child must keep telling until the right adult is located.

STRATEGIES:

1.) Remind the children about the importance of feelings and that talking about how they feel is primary to their protection.

2.) Discuss the importance of telling someone who will listen and who they trust about anything that bothers or confuses them.

3.) Ask the children to name adults who would listen and help.

4.) Stress the importance of telling as many people as necessary until the right adult is found.

5.) Differentiate between telling and tattling:

- Telling is to protect someone/something.
- Tattling is to get someone in trouble.

6.) Elicit examples of telling and tattling.

7.) Acknowledge the difficulties in distinguishing between telling and tattling, but emphasize the rightness in telling.

STANDARD: Students should be able to differentiate between good and bad secrets — what to tell, what not to tell.

Playing on a child's fear and sympathy is one of the strongest weapons used by an abuser, both to attain what he wants and to ensure his protection. He swears the child to secrecy, thereby creating a conspiracy between himself and the child. As co-conspirator, the child is *set up* as a guilty party to both the act and its cover-up.

With this scenario established, the onus for protecting the act, the perpetrator and the child himself is placed on the child. It is no wonder that the perpetrator inevitably can rely on the child's "keeping the secret."

In spite of this stranglehold of secrecy used to gag the child-victim, more and more children are coming forward. As they learn about their value, their rights, and the need to communicate, children are revealing secrets which, a short time ago, would never have been disclosed. Nevertheless, the majority of abuse still remains hidden due to the victim's sense of guilt, his loyalty to the perpetrator, and the anticipation that, should he tell, he will be blamed, no one will believe him, and/or nothing will be done.

These three areas must be addressed if the element of secrecy is to be made impotent. This process occurs developmentally and has already begun in the preceding strategies.

The concept of secrets, as with any child protection strategy, cannot be taught in a vacuum. When introduced as another facet of the abuse issue, it takes on meaning for the child and, in turn, provides the child with another layer of understanding and protection.

A "secret" represents a multitude of feelings for the child. The telling of a secret cannot be reduced to a simple rule, nor can it be discounted as something a child will hereafter reveal merely because well-meaning people tell him to do so. There is, for example, the positive element of keeping secrets: There is virtue in keeping a secret. Most people also agree that some secrets should remain just that. How do or should children differentiate? These types of fine distinctions come with age and maturity — young children cannot be expected to make them. Therefore, in order to allow the child to have the privacy of a good secret while encouraging the disclosure of harmful secrets, the following distinctions should be taught:

- Good secrets feel happy or exciting. They're about positive things (a surprise party). They're created *to be told* at a certain time. The child knows when he can tell. It's OK to keep a good secret.
- Bad secrets feel scary, sad or confusing. They're about negative things (stealing, removing clothes). They are created *to hide something*. The child is directed never to tell. Bad secrets must be told.

By differentiating between two basic kinds of secrets, children now have the opportunity to maintain a "good secret" for the time being as well as permission to tell about a "bad secret."

It's essential that the child know he doesn't have to be sure whether a secret is good or bad, whether it can be told or not. He must have the freedom, flexibility and permission to make mistakes and be encouraged that, when there's any doubt, the decision should be to tell.

<u>STRATEGIES:</u>

1.) Introduce the meaning of the word "secret." Ask the children to provide examples.

2.) Explain that mainly there are two kinds of secrets — good secrets and bad secrets. Discuss the differences between the two:

- Good secrets are meant to make people happy.
- Good secrets are meant to be kept for a certain/limited period of time.
- Good secrets are meant to be told.
- Bad secrets make people scared, unhappy, worried.
- Bad secrets don't have a time they can be told.
- Bad secrets are meant never to be told.

3.) Explain that it is never fair for any person to ask a child to keep a bad secret. Emphasize that any secret which worries the child or is confusing should be told to an adult who will listen.

STANDARD: Children should know that if they are hurt or scared by an older person, they are never to blame; it is not their fault.

Self-protection strategies can go a long way in keeping children safe from abuse. However, no matter how strong, consistent and far-reaching these attempts become, there will always be children who are abused. These children must be properly attended to.

Appropriate intervention, therefore, becomes a part of prevention. Stopping abuse from continuing is definitely prevention. Minimizing the trauma caused by abuse is also prevention because, by allowing the child to heal, the chances are greatly reduced that the child will become a victim again or, in the future, a victimizer. The element most critical to the healing process is the adult's role in convincing the child that he was not at fault.

As a society, ours is one that tends to place the responsibility for a person's victimization on the victim:

- When keys are left in a car, the owner deserves to have it stolen.
- Taking a walk at night is asking to be mugged.
- A female who wears a short skirt should expect to be molested.

With these types of messages abounding, is it any wonder that an abused child feels that he is, at least in part, responsible for his victimization? Our society's thinking must be modified and children must be taught that no matter what the circumstances may be, no one deserves to be victimized!

Therefore, children continually should be reminded: "It's never your fault." The child victim is never to blame for the abuse or for neglecting to use prevention rules (say no, get away, etc.). Just as the responsibility for protecting children rests with adults, abuse is the sole responsibility of the perpetrator.

<u>STRATEGIES:</u>

1.) Remind the children that, although there are rules and ways they can protect themselves, sometimes things happen that they aren't able to stop or control.

2.) Explain that whenever a child is hurt, scared, or touched by someone older or bigger, it is never the child's fault.

3.) Emphasize that in these situations, children are not to blame either for what happens or for what they did or didn't do, i.e., wore certain clothing, didn't say "No," etc.

STANDARD: Students should know the definitions of "privacy" and "private parts" and why they need special protection.

There are a number of differing opinions on how and when children should be taught specifically about sexual abuse prevention. Research indicates that very young children are molested in great numbers. Therefore, on the one hand, there are those who believe that children of all ages must be taught about their vulnerability to this kind of abuse. Some go so far as to advocate that all children be taught strategies and practice methods of physical self-defense to guard against assault.

On the other hand, there are those who fear that instructing children about sexual abuse prevention has the potential of placing children who are being abused at greater risk or that such instruction might negatively affect children's attitudes towards sexual relations. To a certain extent, both concerns appear to be well-founded.

The first concern, for example, recognizes that no absolute rules or perfect strategies exist which guarantee that an adult, if attacked, can prevent rape or spousal battering. How can it be presumed that there are such rules and strategies for children to use if confronted with similar situations? If there is hesitation about giving adults specific self-protection instruction, then caution, at a minimum, should be considered when telling children what to do in case of abuse. No one is equipped to predict what kind of response will result from what kind of action, i.e., will the victim's behavior diffuse the situation or exacerbate it? However, children *are* victimized, and they should be empowered to some extent to protect themselves. As discussed earlier, children must be taught the options available to them so long as these choices are reasonable and can be used without placing the child at unnecessary risk.

The latter concern can be addressed with a greater certainty of success. In response to the fear of child sexual abuse, and in an effort to alert children to the danger of this type of assault, most child abuse prevention instructional programs for children are aimed almost exclusively at the prevention of just sexual abuse. The majority of information children have been receiving consists of "protecting their private parts." The downside of this instructional approach has been a growing obsession and fear on the part of both children and adults of the issue itself, confusion about whether sex and sexual organs are good or bad, and a glaring absence of information concerning other types of maltreatment. Instructing young children about sexual abuse prevention, as with other types of maltreatment, must be presented in context. The goal of any preventive education must be to protect the whole child. Just as feelings, eyes and feet require different kinds of attention and protection, so do a child's sexual parts. Just as hands, elbows and knees have names, so do breasts, buttocks and genitalia. The approach used to teach children to protect their sexual parts should be just as — but not more —emphatic or zealous as the approaches to teach other kinds of protection.

A child is less able to protect his eyes if he doesn't know what eyes are or the specific care they require. Such is the case with sexual parts of the body. Children should be taught what and where these parts are and the unique care they require. Then the issues of privacy, removing clothing, and so on can appropriately be introduced.

Ideally, sexual parts should be referred to by their proper names; however, the climate of each community will determine whether or not specific language is used. In any case, these body parts can be identified to children as those covered by a bathing suit, and the term "private parts" can be substituted for the anatomically correct names.

Children, then, can be taught that these parts, like others, need protection. Just as teeth are different from toes in how they look, what they do, and how they are cared for, so too are private parts different — not better or worse. They, like other different parts of the body, require different types of care.

Once the mystery is diffused and sexual abuse prevention is not the focus of attention, the child is less self-conscious and better prepared to accept and understand this area of abuse prevention. It follows then that, since the child's entire body is his possession, no one has the right to touch, bother, annoy or hurt his body or *any* of its parts — including those that are private. The educator's responsibility is to teach children that, should any of these problems occur, they have the absolute right to do what is necessary to protect themselves. Saying "No," getting away as soon as possible, and telling someone who can help are the best strategies known at the present time for children to use in order to deter unwanted behavior.

<u>STRATEGIES:</u>

1.) Remind children that they and every part of them are special and unique.

2.) Discuss how all parts of their body need protection and require different types of care, i.e., we brush our teeth, not our eyes.

3.) Ask the children how certain parts of the body are cared for.

4.) Introduce the words "private" and "privacy" and explain their meanings, i.e., something that belongs to you only and that no one has right to see or touch, etc.

5.) Ask for examples of privacy/private things (bathroom, diary).

6.) Explain that certain parts of our bodies (the area covered by bathing suits) are "private" and need their own special protection. Ask for examples of when it is OK to uncover "private parts."

7.) Discuss the concept that children can refuse any unwanted touch but that "private parts" need their own special protection when it comes to being touched, looked at, etc. The same is true of other people's private parts.

STANDARD: Students should understand the concept of "appropriate touch."

Unless clear criteria are established, instruction on any given topic generally tries to avoid labeling ideas, actions and objects as either good or bad. Rarely does anything consist totally of one positive or negative attribute while being totally devoid of the other.

The concept or action of touching is no exception. At first glance, it would be difficult, for example, to find much that is positive in a "pinch." Pinches usually hurt and can cause injury. Pinching a finger in the door or being pinched by an angry classmate is not pleasant and probably not positive. But what of the gentle pinch on the cheek by a grandmother or that of a baby when exploring someone's face? Given only one of two choices, what then is a pinch — good or bad?

Such questions are raised when teaching children about sexual touches. In an attempt to protect them from sexual assault, children too often are given a "quick fix" solution: Touching private parts are bad touches! Not only is this information incorrect, but it is misleading and potentially dangerous. Most child sexual abuse, particularly the type that is of greatest concern, begins with seduction. Rarely does the non-violent sexual abuse perpetrator begin a sexual relationship with a child by "touching the child's private parts." The "courtship" leading to sexual abuse is what typically ensnares the child. While the dynamics of seduction are difficult to pinpoint for specific instruction, they are encompassed in lessons about feelings, rights, secrets and bribery. These become the missing parts of the total picture the child needs to know *in advance* of the actual "touching." When touch — good or bad — is the primary focus, seduction is ignored and the implication is that:

- since touching private body parts is bad, then all other behavior/actions are good; and
- you can wait until a private part is touched before there is a need to act.

Labeling touches as "good" and "bad" also can have both short- and long-term effects on the child's own sexuality and attitudes about sex. If sexual touching is clearly bad at 7 years old, when does it become good? Is sexual touching only bad with an adult? Is playing "Doctor" good or bad? What about masturbation?

These questions illustrate the difficulties that are encountered when attempting to solve a complex problem with a simple solution. With this in mind, the child's role in regard to the problem of sexual abuse can be addressed.

First, it needs to be recognized that children cannot be given one simple, guaranteed directive to prevent sexual abuse. Second, sexual abuse prevention must be part of the entire instructional approach to child abuse prevention. The issue of sexual abuse/touching includes the concepts of self-esteem, rights, feelings, privacy, private parts, secrets, etc. Third, by teaching these other abuse prevention strategies, children can begin to understand that it is not the touch itself but rather *who* is touching and *under what circumstances* a touch occurs that determine whether a touch is right or wrong. "Appropriateness" becomes the issue rather than good or bad.

Children are literal in their thinking; the younger the child, the more literally information is processed. When teaching an issue as complex and life-threatening as child abuse prevention, every effort must be made to ensure that the information is taught in such a way that it produces less, not more damaging effects on children.

STRATEGIES:

1.) Explain that there are all kinds of touches — some feel good, some hurt, some are confusing, some feel funny, some are wanted, some are unwanted.

2.) Ask the children to describe touches they like/don't like.

3.) Explain that it's confusing to call a certain touch good or bad. For example, how would they describe a hug?

4.) Give examples of hugs that feel good and those that don't. Do the same with pinches, strokes, etc.

5.) Explain that certain things make a touch right or not right: who is doing the touching, the reason for the touch, how the child feels about the touch, etc.

6.) Discuss the idea that every person has the right to allow or refuse any touch from anyone. Remind them that this is especially true when it comes to "private parts" since some of the special ways these parts are protected include their not being uncovered or touched.

7.) Remind the children about the conditions under which touches are appropriate/inappropriate, etc., and relate this to private parts. Ask the children to give examples of when it is all right to uncover and touch "private parts" (diapering a baby, bathing, having a doctor's exam). Elicit examples of when it is not all right to look at or touch "private parts."

STANDARD: Students should understand the concept of bribery.

Perpetrators of abuse, particularly sexual abuse, use a variety of methods, including threats and intimidation, to coerce their victims into submission. However, the most prevalent and successful method used to convince a child to engage in sexual conduct is through bribery.

A bribe can be something as concrete as a bicycle, money or a puppy, or it may be intangible and emotionally oriented, such as a promise of friendship and love. It is less difficult to dissuade a child from taking a material gift than it is to ask the child to turn away from the offer of attention and affection.

The key to teaching children about bribery and coercion is to convince them that an offer of anything that, in turn, asks them to do something they don't like or feel is wrong, scary or confusing, should not be done. Children should know that, no matter what the offer, a person who really cares about a child will not ask the child to do something that is unacceptable, dangerous or needs to be kept secret.

As educators, we constantly need to remember that most children want to please, particularly if attention, affection and love are offered in exchange. When adults with the responsibility to provide these things do not, children will seek, select and often compromise themselves to any individual whom they perceive as someone who will.

STRATEGIES:

1.) Introduce and define the word "bribe."

2.) Explain that a bribe can be a gift (money, food, toys) or a promise of friendship or love. It usually is offered to convince a child to do something that is not right.

3.) Emphasize that if an adult really cares about a child, he will not ask the child to do anything that the child senses is dangerous, scary, wrong or that needs to be kept a secret.

4.) Explain to the children that any time they even think they're being "bribed," the best thing to do is to refuse. If the person keeps insisting, the child can say he'll "think it over" and then get away as soon as possible and talk over what happened with a trusted adult.

4 - 6

All of the above, plus:

STANDARD: Students should understand the concept of abuse and should know the name, definition and examples of each type of maltreatment — physical abuse, sexual abuse, emotional abuse and neglect.

Since the majority of abusive acts are not severe, clear or specific, there is often confusion and disagreement about abuse versus issues of discipline, care giving, affection, child rearing and cultural practices. It is not reasonable to expect nor necessary to require that children know the often fine line between what constitutes abuse and what is deemed acceptable behavior.

As has been discussed in preceding strategies, a child of any age should not be responsible for having to determine whether abuse is occurring before moving to protect himself or communicating with others. Communication is to be encouraged regardless of the type of experience a child has. Any doubt the child has concerning his feelings or his person should trigger his seeking protection and help.

Should the child communicate a concern that does not constitute abuse, the receiving adult must commend the child for seeking this clarification and encourage his return any time there is a question. The adult, properly trained, is the one who has the responsibility of determining the type of assistance required — regardless of whether the concern has to do with abuse or with another problem.

While the child should never be given the responsibility of deciding what is abuse before he is allowed to tell, as children mature they should be provided with more specific information about

child abuse — types, causes, consequences, protection strategies — to prevent their own victimization. Older children are ready to understand what abuse *is* as opposed to what *has occurred* or *can occur* to them. And, once taught, these children can be expected to think and operate on that knowledge.

The concept of abuse should be taught by drawing the analogy first to the abuse or misuse of things, such as toys, cars, clothing, etc. Such an approach is especially valid because research indicates that parental discipline escalates to physical abuse and affection to sexual abuse when the perpetrator begins to view the child as a "thing" or an "item of property," something that is owned and owes the perpetrator something. Children move easily into this concept of misuse of objects since this age span is often the time when such behavior in school begins, i.e., carving on desks, defacing books, etc. From here, a careful transition from thing to child should be made and definitions of maltreatment types presented.

A distinction should be made between abuse and other ways children are hurt by emphasizing that abuse is perpetrated by someone older, bigger and/or stronger than the child — someone over whom the child has no control, who has an advantage over the child. As children begin to understand the concept of abuse, instruction can begin acquainting them with the problems of abuse, that abuse is never the child's fault, how children can protect themselves from abuse and, what they should do if they are approached or actually victimized. Again, many questions emerge from the children and these should be dealt with in a straightforward and positive way. The child who asks a personal question needs to be assured that someone will meet with him one-on-one to discuss his concern. It should be a major objective of child abuse prevention instruction to create the climate, the classroom atmosphere, the rapport, that generates, encourages, permits and rewards questions.

It is essential that the children take in the concepts and make them their own, that they begin to think that talking about abuse is "OK," that secrets have no legitimate standing in the world of an abused child. It is imperative that children recognize that abuse must not be a part of their lives and, therefore, they can and should take an active role in prevention.

STRATEGIES:

1.) Introduce the word abuse. Explain that abuse means the misuse — incorrect, uncaring, harmful, wrong — handling of something or someone.

2.) Ask the children how they care for certain objects (toys, clothes, etc.), and what could be done that would damage, break or destroy these objects.

3.) Explain that when an object is mishandled, damaged, etc., the object has been abused.

4.) Differentiate abuse from neglect by explaining that abuse is hurting or harming something *through an action or behavior*; neglect is hurting or harming something by *doing less than is*

required to maintain its care.

5.) Elicit examples of how different items or animals can be abused and/or neglected.

6.) Explain that people also can be abused and neglected. When children are abused or neglected, it is by someone older, bigger or stronger than they.

7.) Discuss the ways in which children can be abused or neglected.

8.) Present the types of abuse perpetrated on children — physical, sexual, emotional and neglect — by providing:

- definitions of each;
- examples of how each are perpetrated; and
- ramifications of each

9.) Remind the children that:

- they have rights;
- they deserve to be safe and not to be hurt;
- abuse is never their fault; and
- they have options and ways to protect themselves — "No," "Go" and "Tell" are the best of these options.

7 - 8 and **9 - 12**

Older students should be taught all of the above, with emphasis on the dynamics and factors inherent in abuse. The dynamics of abuse are: 1) that it is generational; 2) that it increases in frequency and intensity; and 3) that it meets solely the needs of the adult. The factors that must be present for abuse to occur are: 1) perpetrator (adult with predisposition to abuse; 2) victim; and 3) triggering mechanism. Unifying the instruction for students of this age level should be the concept that abuse will recycle unless intervention in some form occurs.

RESOURCES

Publications

Books for Adults

Davis, Diane. *Working With Children From Violent Homes, Ideas and Techniques*. Santa Cruz, California: Network Publications, 1986. Informs adults and children about what domestic violence is and provides helpful techniques for building self-esteem and encourage non-violent behavior.

Finkelhor, David. *A Sourcebook on Child Sexual Abuse*. Beverly Hills, CA: Sage, 1986. A 10-year (1976-86) review of scientific knowledge about the problem of child sexual abuse.

Helfer, Ray E., M.D., and Kemp, Ruth S., M.D. *The Battered Child*. 4th ed. Chicago, Illinois: The University of Chicago Press, 1987. Includes the historical, cultural, epidemiological and psychological causes of child abuse; the different forms of child abuse; and the short and long-term methods of intervention, treatment and prevention.

Kempe, Ruth S., and Henry, C. *Child Abuse: The Developing Child*. Cambridge, Massachusetts: Harvard University Press, 1978. Discusses the variety of ways that abuse occurs and the complex social and family conditions that trigger the problem. Guidelines for treatment are offered.

Miller, Alice Farrar-Straus. *For Your Own Good*. New York: Farrar Straus Giroux, 1984. Defines the root causes of violence as a consequence of our misguided child-rearing practices.

Audio-visual for Children

Available from:

Filmfair Communications
10621 Magnolia
North Hollywood, CA 91601
818/985-0244

Being Safe Series

Being Safe. Film and Video, English and Spanish (15 minutes). Grade levels: Pre K - Kindergarten. Teaches the two concepts basic to self-protection: self-esteem and communication. Children are encouraged to know that they are valuable and are motivated to speak freely about their feelings and themselves.

Being Safe. Film and Video, English and Spanish (17 minutes). Grade levels: 1-3. Continues with the concepts of self-esteem and communication, introduces the different types of abuse: physical, emotional, sexual and neglect. Children are informed of their rights to be free from harm and to act in their own defense by attaching a larger meaning to the instructions: "NO," "GO," "TELL."

Being Safe. Film and Video, English and Spanish (19 minutes). Grade levels: 4-6. Teaches children specific information about child abuse and how to apply skills of self-protection without jeopardizing their safety. Introduces the important concept that "You are the first person responsible for taking care of you." Self-esteem and communication continue as central themes.

Better Safe Than Sorry Series I and II

Better Safe Than Sorry II. 1983. Film and Video, English and Spanish (14 1/2 minutes). Grade levels: 1-4. Discusses the three simple rules that can help children help and/or deal with potential sexual abuse. Dramatizes situations of children practicing how to react in potentially dangerous situations with strangers as well as people well-known to them.

Better Safe Than Sorry I. 1986. Film and Video, English and Spanish (16 1/2 minutes). Grade levels: 5-8. Dramatizes Better Safe Than Sorry II by dealing exclusively with the prevention of sexual molestation perpetrated by people well-known or related to the child. Four basic rules are reinforced throughout the film: "Say No," "Get Away," "Tell Someone," and "Be Believed."

Nobody's Home. 1990. Film and video, English (20 minutes). Grade levels: 4-8. Adult and teacher training. Presents two neglected children in need of food, medical attention and supervision; a young mother intent only on her personal happiness to the exclusion of the needs of her son; and a boy absolutely certain he alone is responsible for himself, his younger brother and his mother. The film provides insight and understanding about the complex problem of neglect.

What Hurts. 1988. Film and Video, English and Spanish (14 3/4 minutes). Grade levels: 3-6. Presents two situations — emotional abuse and emotional neglect. Deals with breaking the negative cycle of these types of maltreatment by helping children believe that they have value and are not responsible for their parents' decisions or unhappiness. Children are encouraged to understand that talking about how they feel is a positive way of dealing with their problems and is not a betrayal of their parents.

Available from:

Team Entertainment
861 E. Millbrook Way
Bountiful, UT 84010
800/233-2212

Come In From the Storm Series

The Diary. 1987. Video, English (18 minutes). Grade levels: 3-6. Dramatization of Brian, a 13-year-old boy who is emotionally and physically abused by his father. Visited in the middle of the night by his future son who has traveled back in time to change the future, the two discuss Brian's feelings and his options for breaking the cycle of abuse.

The Necklace. 1987. Video, English (18 minutes). Grade levels: 5-7. Dramatization of Karen, a 12-year-old girl, whose best friend has shared a terrible secret—her dad is sexually abusing her. Karen has great trust and confidence in her own dad and seeks his advice. Together they decide the best way for Karen to approach the problem and get help for her friend.

Audio-visual for Adults

Available from:
Filmfair Communications
10621 Magnolia
North Hollywood, CA 91601
818/985-0244

Being Safe (Educators). 1990. Film and Video, English and Spanish (25 minutes). Strategies for teaching the issue of self-protection are presented in a sequentially developed, age-appropriate format. Using clips from the *Being Safe Series* (see Audio-visuals for Children), teachers and concerned adults are provided insight into child abuse and its prevention in a way that will enhance the understanding of the curriculum, ease the teaching of this difficult subject, and maximize the chances for protecting children at risk.

Available from:
Team Entertainment
861 E. Millbrook Way
Bountiful, UT 84010
800/233-2212

Come In From the Storm — China Doll. 1987. Video, English (10 minutes). Dramatization of an emotionally abusive situation between a mother and her 7-year-old daughter. An angry mother is about to burst into her daughter's room when she sees something that makes her decide to seek help for her behavior.

Available from:

J. Gary Mitchell Film Company, Inc.
Coronet/M.T.I. Film
108 Wilmont Road
Deerfield, IL 60015
800/621-2131

Incest: The Victim Nobody Believes. 1976. Film (20 minutes). Three survivors of childhood incest discuss their experiences and their reactions to the abuse. The methods each woman used to cope with the problem and the ways it affected her life are discussed.

Available from:

Chuck Wintner Productions
Independent Order of Foresters
Florence Hallum Prevention of Child Abuse Fund
100 Border Avenue
Solano Beach, CA 92075
619/755-5151

Victims. 1984. Film (24 minutes). Unrehearsed documentary narrated by Christina Crawford examines the lasting effects of abuse on children. It presents a correlation between abuse in childhood and criminal behavior in later life. Personal interviews with children, parents, doctors and convicts give an in-depth look at the problem.

Available from:

National Audio Visual Center
8700 Edgewood Drive
Capitol Hill, MD 20743-3701
301/763-1896

Identifying Neglect Before It's Too Late. 1977. Filmstrip (12 minutes). Shows typical forms of neglect and its behavioral and physical indicators. Raises the issue of child neglect as a serious problem but one that is frequently difficult for professionals to recognize.

Organizations

Clearinghouse on Child Abuse and Neglect Information
P.O. Box 1182
Washington, D.C. 20013
703/821-2086

National Center for Missing and Exploited Children
2101 Wilson Boulevard, Suite 550
Arlington, VA 22201
703/235-3900

National Center for the Prosecution of Child Abuse
American Prosecutors Research Institute
1033 North Fairfax Street
Suite 200
Alexandria, VA 22314
703/549-4253

National Committee for Prevention of Child Abuse
332 S. Michigan
Suite 1600
Chicago, IL 60604
312/663-3520

GANGS

STANDARDS SUMMARY

K - 1 and **2 - 3** and **4 - 6**

- Students need to understand that our behavior is reflected by our feelings and attitudes.
- Students need to increase their feelings of self-esteem.
- Students need to practice relaxation.
- Students need to know how to set goals and practice achieving them.
- Students need to know and be able to use good communication skills.
- Students need to develop positive relationships and a positive support group.
- Students need to learn good leadership skills.
- Students need to understand the dangers of being involved in gangs.

7 - 8 and **9 - 12**

All of the above, plus:

- Students need to understand the consequences of gang membership.
- Students need to learn socially responsible rites and rituals to replace the myths that perpetuate gang membership.
- Students need to possess communication skills that will help them resist the peer pressure to join gangs.
- Students need to know non-violent alternatives to interpersonal conflict.

OVERVIEW

Gangs are not new. What is new, however, is the "growing relationship between narcotics and gang activity and the alarming increase in violence, resulting in deaths and injuries of innocent citizens," according to the California Task Force on Gangs and Drugs.[1]

And it is no longer just a few communities that are being affected. According to an April 1989 issue of the *Federal Register*, "Recent studies by the University of Chicago and others report the existence of youth gangs in every state. The prevalence of gangs and associated illicit drug-related activity is widespread. It is estimated that 300 cities (i.e., 13 percent of all U.S. cities with 10,000 or more inhabitants) are experiencing problems with youth gangs. While smaller cities and suburban areas are experiencing an increase in youth gang activity, the strongest presence is in major population centers (i.e., 83 percent of the largest cities and 27 percent of the cities with 100,000 inhabitants are experiencing the most severe problems.")[2]

In addition, gangs have developed a greater sophistication in terms of both their criminal

activities and the weapons they use. The *Federal Register* report goes on to state:

> Police and juvenile justice reports indicate a shift from traditional turf-related gang violence to that associated with the use and sale of illicit drugs....Evidence also suggests a franchising effort on the part of longstanding traditional gangs to smaller communities around the country. In many areas this activity has led to the emergence of new youth gangs and associated criminal activity among these youth. Youth involvement in gangs has gone beyond the traditional reasons of acceptance, protection, and status to include economic incentive.[3]

Teenagers and younger children are attracted to gangs for many reasons. Prestige is one of the most powerful incentives to join. Gang members often are seen by younger children as dynamic, purposeful and more in control of their neighborhoods than many parents, teachers and other adults who might otherwise serve as counter-attractive role models.

Young people also are socially attracted to gangs for reasons of ritual and belonging. Without significant adults and pro-social rituals like those found in the recitation of the Boy Scout oath, gangs will continue to be attractive to alienated youth. ARCO Corporation's president, Robert Wycoff, recently met with gang members while being principal for a day at Manual Arts High School in Los Angeles. Asking why they joined gangs, Wycoff found that protection and friendship were primary motivations. Responding to a further question about what it would take to lure them away from the streets, gang members answered extracurricular activities, special Saturday classes, sports, dances and — most of all — jobs.

Other reasons why young people are attracted to gangs may include low self-esteem, dysfunctional families, lack of adult supervision and guidance, economic and social stress, lack of personal and social responsibility, frustration, being a victim to other peoples' thinking, alienation, lack of alternatives, negative peer pressure, academic failure, fear and lack of coping skills. (The dysfunctional family is described here as one that includes hopelessness; substance abuse; child abuse, including sexual, physical, verbal, spiritual and emotional abuse; divorce; workaholism; and/or lack of nurturing.)

A teenage unemployment rate that ranges between 40 and 60 percent compounds the problem, as does the glaring contrast between unchallenging, minimum-wage jobs and the glamourous careers depicted in the media. In addition, the gang-drug culture offers youths real opportunities to rapidly achieve power, prestige and affluence. (Of course, gangs do not advertise the risks and lifetime penalties involved with such success, just as today's society may not emphasize the hard work required to succeed in socially-approved categories of employment.)

The youth gang problem — and gang-related crimes, which are at an all-time high — has become a serious issue in our society, and both immediate and long-range solutions are needed to control it.

Endnotes

1. State of California. *State Task Force on Gangs and Drugs: Final Report* (Sacramento, CA: Governor's Office, 1989).
2. *Federal Register*, April 14, 1989.
3. Ibid.

CURRICULUM STANDARDS

K - 1 and **2 - 3** and **4 - 6**

Many points need to be conveyed to students about the gang problem. Any curriculum, at any grade level, needs to start with some lessons about self before going into the details of gang awareness and resistance. At a minimum, a balanced curriculum should include sections as follows:

STANDARD: Students need to understand that our behavior is reflected by our feelings and attitudes.

If we have an attitude that we are worthy, we tend to avoid behavior that harms ourselves and others. Students need to practice getting in touch with their feelings.

STRATEGIES:

1.) Ask students to talk about what makes them happy, sad, angry or upset.

2.) Ask students to close their eyes and imagine that they are happy, sad, angry and so on. Have them notice the physical feelings that accompany these emotions.

STANDARD: Students must increase their self-esteem.

Students choosing alternatives to gangs must believe in themselves and seek positive goals.

STRATEGIES:

1.) Lead a class discussion in which students compare similarities between themselves and others, then discuss positive qualities each student brings to the class.

2.) Ask students what activities they excel in, then have them close their eyes and visualize themselves participating in that activity.

3.) Ask students to describe orally (or in writing) 10 qualities about themselves.

STANDARD: Students should be able to do relaxation exercises.

Children who are victimized, stressed, confused or frustrated cannot solve problems easily.

When a potential conflict arises, teach children to respond in a non-violent way.

STRATEGY:

1.) Help students visualize a quiet place in nature. Explain that when they are in a stressful situation, they can go to this place mentally, calm themselves, and then be able to solve their problems more creatively. Use this technique often so it can become an automatic response in time of stress and/or conflict. Also guide them to explore alternatives to violence.

STANDARD: Students need to know how to set goals and practice achieving them.

Goal setting and achievement are crucial to increasing self-worth. Students need to visualize, or see the achievement of their goal actually happening in their "mind's eye," a technique used by many Olympic athletes. With practice, students will see how setting goals can help them one move forward in life and experience a constant state of growth.

STRATEGIES:

1.) Divide the class into buddy teams, with each buddy helping the other to set individual goals.

2.) Explain to students that they need to write down their goals and that each goal is to fit the SMART formula: that is, it is Specific, Measureable, Attainable, involves Risk (growth), and has a Time line or deadline for completion.

3.) Have students establish weekly goals, check with buddies for support along the way, and make new goals when the old ones are achieved.

STANDARD: Students should know and be able to use good communication skills through cooperative learning opportunities and presentations.

All people have a point of view, and communication skills are needed in order to share each other's viewpoint. Such skills also are needed to resolve conflicts using a non-violent approach.

STRATEGIES:

1.) Teach students the differences between verbal and non-verbal communication.

2.) Teach and practice active listening (paraphrasing).

3.) Teach students how to negotiate and create win-win situations (no one loses in order for someone else to win).

4.) Demonstrate "I" messages.

5.) Teach presentation skills.

STANDARD: Students must learn to develop positive relationships and a positive support group.

Support from others helps students achieve their goals more easily. When positive relationships are fostered in the school setting, the tendency to seek support on the streets is minimized.

STRATEGIES:

1.) Provide team-building activities, such as games and cooperative learning exercises.

2.) Establish buddies in class who will support each other.

3.) Discuss the concept that "Givers Gain."

4.) Provide role models of positive relationships.

STANDARD: Students need to learn good leadership skills.

Many people feel that being a leader means leading other people. Students instead should be taught that being a leader means leading oneself and controlling one's own thinking in order to develop personal power.

STRATEGIES:

1.) Teach students that we are the ones who can control our thinking.

2.) Teach them the importance of keeping their agreements and honoring their commitments.

3.) Teach them to be responsible for their own thinking and behavior.

4.) Teach students to lead in positive ways.

STANDARD: Students need to understand the dangers of being involved in gangs.

Gangs are attractive to many students who do not understand how dangerous such involvement can be — to themselves and to their families. They need to understand the consequences of their behavior.

STRATEGIES:

1.) Explain why it is bad to join gangs (once in, it's hard to get out.)

2.) Spend a little time explaining symbols (graffiti), dress and terminology, being careful not to glorify gang members as heroes.

3.) Teach about the dangers of possible drug involvement as an outgrowth of gang activities.

7 - 8 and **9 - 12**

All of the above, plus:

STANDARD: Students need to understand the consequences of gang membership.

Teens who live in neighborhoods where gangs are active are more likely to be involved in a gang culture. But all teens share a fascination for the gang outlaw image and the false sense of romance and adventure perpetuated by that image. Teens need to recognize that making a decision to join a gang involves not only themselves, but also influences their family, friends, schoolmates and community.

STRATEGIES:

1.) Using an anonymous school-developed survey on the number of teens currently involved in gang activity, involve the students in a discussion of the real and potential impact gangs have on individuals, the community and school.

2.) Explain the history of violent gangs in lessons describing the beginning of empires, including brief biographies of Alexander the Great, Julius Caesar and Genghis Khan. Emphasize the violence encountered by those who opposed these conquerors. Additionally, give a historical perspective on gangs by teaching about the gang exploits of the classic poet Dante Alighieri in 14th-century Florence, Italy, and by describing gangs in America from 18th-century Philadelphia, to 19th-century New York, to 20th-century organized crime.

3.) Analyze the media's portrayal of youth gangs in America. Use appropriate clips from movies and television news reports to stimulate discussion on gangs. Debate how the media should approach the various problems of gangs. For example, are gang members victims or victimizers? Does the media sometimes romanticize gang membership? Or, if the media popularized gangs or treated them comically, would they assimilate into society in benign forms?

4.) Conduct a brainstorming session on the short- and long- term consequences of gang membership. Discuss the need for long-term planning and goal setting. Explain the implications involved in instant gratification. Does society "owe" its citizens a standard of living, or is it the responsibility of the individual to achieve his or her own standard of living? Facilitate a class debate on what people mean when they talk about "Quality of Life."

5.) Teach future-oriented decision-making skills by first reviewing the grammar of future tense in language. Then role play a series of real positive and negative decisions made by students during the past year that made a difference in their lives today. Finally, create a class poster of positive future tense decision-making terms students can apply to their daily lives.

6.) Discuss the nature and reality of gang membership. Help students understand the negative implications. For example, when a person joins a gang, his/her house is labeled a gang hangout, mother becomes a gang mom, and 6-year-old sister becomes a junior wannabe. Develop a class collection of periodical clips that report on gang violence and victimization.

7.) Assign cooperative learning groups to research and discuss the lives of famous outlaws, such as Al Capone, Bonnie and Clyde, or Jesse James. Then use role playing to have students

improvise a class presentation on the daily personal fears of these characters, including going to jail, losing close friends, and being killed by rivals.

8.) Explore with students the relationship between drugs and gangs. Teach that the territory gangs control today will change tomorrow. Gangsters controlling drugs this morning will be controlled by drugs this evening. Speculate with your students about the impact drug use has on gang members, especially how drugs may affect perceptions about themselves and others outside the gang.

9.) Read *Romeo and Juliet* and watch a video of *West Side Story*, then compare the two. Point out the tragedy that results from conflict between warring families/gangs, as well as the final reconciliation of the opposing sides after the tragedy.

STANDARD: Students should learn socially responsible rites and rituals to replace the myths that perpetuate gang membership.

Every gang uses initiation rites and other rituals that attract members and keep them active in the gang. Symbols used in graffiti and hand signs are nothing more than declarations of gang mythologies that control members. Gangs exist because adults do not compete with them for the control of children. Control of the young has historically been obtained by past societies through rituals that support social norms.

Responsible behavior is not a self-evident process. Children will learn responsibility from adults or define it for each other. Traditionally, elders taught lessons of responsible behavior through mythology, reinforced by rites and rituals. Mythology and rituals are used effectively today by gangs because adults are not providing and directing the positive cultural rites and rituals necessary to effectively compete with youth gangs.

STRATEGIES:

1.) Define mythology and study classical examples found in European, African and American cultures. Emphasize the importance of mythology in explaining realities that are confusing or not fully understood. Explain that in times of great stress, individuals and societies increasingly rely on mythology to make sense of their changing world.

2.) Define rites and rituals as the reinforcing tools of mythology. Study how the use of costume, music and dance assisted the presentation of rites and rituals and how they have an effect on gang membership today. For example, listen to classroom-appropriate selections from rap groups and discuss the positive (pride, self-esteem) and negative (racism, sexism) messages of the lyrics.

3.) From cooperative learning groups, develop class presentations on mythologies, rites and rituals that gangs might use on members. Include the physical rituals of dress and hair styles,

graffiti, body and verbal language, and initiation. Discuss the nature of "codes of conduct," including rules for combat, honor codes and membership regulations. How are these codes different from the rights and responsibilities found in law-abiding groups?

4.) Challenge students to create positive mythologies that have the potential to compete with those used by gangs. For example, invite the class to organize thematic festivals and celebrations using pro-social rites and rituals to recognize individual student or group achievement for service to the school or community. Some schools, for example, have developed a ritual school event for students who leave gangs.

5.) Artistically analyze the signs and symbols found in forms of graffiti. Consider both historical and contemporary periods. Anthropologists, for example, continue to debate whether the mysterious red hand found in prehistoric Europe and the Americas was an expression of art or a form of graffiti. Is there a connection between graffiti and the continuing human search for meaning and immortality?

Study pictures that show the graffiti-ridden New York City subway system, then compare those images with the relatively pristine Metro Rail system serving the District of Columbia. Have students discuss possible reasons for the differences. For example, what effect would high expectations of subway riders have on the subway's condition?

6.) Debate the question: "Is graffiti an art form?" Help students make connections between symbols and the mythologies they represent.

STANDARD: Students need to possess skills that will help them resist the pressure to join gangs.

For many urban youth, the choice is not whether to join a gang, but which one to join. Because controlling adults are absent or their guidance inadequate, children are being left to the influences of peer pressure. The pressure to join gangs translates into 70,000 gang members in Los Angeles, more than 5,000 in New York City, 15,000 in Chicago and 3,500 gangsters in Miami during 1989.

STRATEGIES:

1.) Stimulate, through classroom discussion and role playing, everyday encounters with peer pressure. These exercises should be sequential, moving from innocent to life-threatening. They also should offer skills in refusing offers to join gangs.

2.) Using a class brainstorming session, give students the opportunity to describe strategies they would use to refuse an offer to join a gang. Reproduce this session for students to keep in their school binder for ready reference.

3.) In a lesson using demographic data on the evolving family, describe the relationship

between the desire for family and the motivation to join a gang. Offer students positive family substitutes, including extended families, involvement in neighborhood groups or agencies, sports teams, religious and recreational programs, and community service.

STANDARD: Students need to know non-violent alternatives to interpersonal conflict.

Children in contemporary America are increasingly exposed to interpersonal violence that has become the standard conflict- resolution tool. According to a September 3, 1989, article in the *Los Angeles Times Magazine*, 90 percent of the children taken to UCLA's psychiatric clinic have witnessed some act of violence. Because they may not see non-violent alternatives to conflict modeled at home or on the streets, they should learn such methods through discussion and role playing.

STRATEGIES:

1.) Design units in social studies and literature describing how events or descriptions would change if non-violent solutions were used as alternatives to human conflict. Approach the non-violent alternative from a "What If" perspective.

2.) Conduct a class discussion on alternatives to violent reactions between people. Use examples, such as the link between bullying and being bullied, to explain why violence is perpetuated.

3.) Discuss how violence is used for entertainment in our society.

4.) Study the role in history of non-violent resistance and individuals who practiced non-violence in their lives.

5.) Outline specific non-violent steps to follow during daily interactions with other people.

6.) Explore with students the reasons gangs tend to be violent. Stress the "gang mentality" and the effects this dynamic has on victims of gang violence. Read selections from Robert Audrey's book, *Territorial Imperative*, and allow students to discuss the implications of his insight.

7.) Explore the attitude of revenge and "getting even." Encourage students to discuss how young people sometimes distort the Golden Rule: "Do unto others for what they did to you."

RESOURCES

Publications

Apter, Steven J. *Troubled Children, Troubled Systems*. New York: Pergamon Press, 1982.

Campbell, Ann. *The Girls in the Gang*. Oxford, England: Basil Blackwell, 1984.

Campbell, Joseph. *The Power of Myth*. New York: Doubleday, 1988.

Eliade, Mircea. *Rites and Symbols of Initiation*. New York: Harper Torchbooks, 1958.

London, Perry. "Character Education and Clinical Intervention: A Paradigm Shift for U.S. Schools." *Phi Delta Kappan*, May 1987, pp. 667-673.

Miller, Eleanor M. *Street Woman*. Philadelphia, PA: Temple University Press, 1986.

Morris, Desmond and Peter Marsh. *Tribes*. Salt Lake City: Gibbs-Smith Publishers, 1988.

Murray, Charles. *Losing Ground*. New York: Basic Books, 1986.

Raphael, Ray. *The Men from the Boys: Rites of Passage in Male America*. Lincoln, NE: University of Nebraska Press, 1988.

Prothrow-Stith, Deborah. *Violence Prevention Curriculum for Adolescents* (Newton, MA: Education Development Center, Inc., 1987).

Schwendiger, Herman and Julia. *Adolescent Subcultures and Delinquency*. New York: Praeger, 1985.

Valentine, Betty Lou. *Hustling and Other Hard Work*. Glencoe, IL: Free Press, 1978.

Audio-visual

Gangs: A Matter of Choice! (1990), which is available in English and Spanish, is a videotape aimed at school-age children and their parents and teachers. It addresses the reasons young people join gangs, the realities of gang life, the effects of gang membership on the family, the early warning signs of gang involvement, and alternatives to gang membership.

L.A. Gangs: On the Move (1989) is a videotape aimed at school administrators and staff. It offers an overview of the violent gang philosophy and shows how to identify gang members and interpret gang communications, such as hand signs and graffiti.

Both of the above videotapes show actual gang members opening operating in their own environment and, therefore, contain harsh visuals. They are designed to be viewed by mature audiences. Each tape costs $375 and is available from Medina Productions, Inc., 19360 Rinaldi St., Suite 234, Northridge, CA 91326, 818/363-6099.

Gang Cops (1989) is a 30-minute documentary that captures the experience of riding inner-city streets with deputies from the Los Angeles County Sheriff's Department Gang Detail. The film shows some of the daily interactions between the officers and the area's gang members, the

investigation of a gang murder, and a counseling session with the distraught mother of a gang member. The purchase price is $125; rental is $40. Available from Dan Marks, Center for Visual Anthropology Films, Department of Anthropology, University of Southern California, Los Angeles, CA 90089-0661, 213/743-7100.

Model Programs

Operation Safe Streets
Los Angeles County Sheriff's Department
11515 S. Colima Road
Whittier, CA 90604
213/946-7916

The objective of this program is to prevent and significantly reduce street gang violence in targeted areas of Los Angeles County. Community residents, school officials, informants, peripheral gang members, and relatives of gang members are used to aid OSS investigators whenever possible. The program's proactive method has proven effective in preventing gang violence as well as in apprehending and convicting serious gang offenders.

Gang Violence Reduction Project
California Youth Authority
2445 Mariondale Street
Los Angeles, CA 90022
213/269-7401

This project tries to redirect the energies of youth gang members into more positive activities, to end gang feuding, and to reduce local gang violence. The project hires gang consultants who live in gang neighborhoods and will promote the project. Mediation to resolve longstanding disputes is the principal strategy used to end feuding.

The Paramount Plan: Alternatives to Gang Membership
Human Services Department
City of Paramount
16400 Colorado Ave.
Paramount, CA 90723
213/220-2140

The highly regarded Paramount Plan stresses disapproval of gang membership while working to eliminate the future gang membership base and to diminish gang influence. The bilingual city staff sponsors neighborhood meetings and provides anti-gang curricula and posters on request. Community meetings are led by bilingual leaders and are held in neighborhoods identified as "under gang influence." They are aimed at parental and preteen awareness.

A fifth-grade anti-gang curriculum was introduced in the Paramount Unified School District in

1982 that emphasized constructive activities available in the neighborhood.

Vietnamese Community of Orange County, Inc.
3701 W. McFadden Ave., Suite M
Santa Ana, CA 92704
714/775-2637

This non-profit organization oversees five programs to assist the Vietnamese community in family relations and related issues. Their Youth Counseling and Crime Prevention Program works in conjunction with prosecutors, educators, probation officers and law enforcement officers to prevent young Vietnamese youth from joining gangs.

Say Yes, Incorporated
3840 Crenshaw Blvd., Suite 217
Los Angeles, CA 90008
213/295-5551

This program offers crisis intervention, field monitoring and workshops for school staffs. The workshops teach staff members about the gangs operating in the neighborhood and describe gang characteristics and problems.

Youth Development, Inc.
1710 Centro Familiar SW
Albuquerque, NM 87105
505/873-1604

This program offers gang members and leaders a safe way out of the gang and guidance into more positive activities. The staff has also worked with warring gangs to mediate conflicts. Some projects include a Mentors Project, in which youths interested in a particular profession are matched with mentors who help them learn about the field and assist with career planning.

Senior Tutors for Youth in Detention
3640 Grand Avenue
Oakland, CA 94610
415/839-1039

Every Tuesday and Thursday afternoon, the boys and girls in detention facilities and group homes in Contra Costa County line up to await their visitors: not parents, but retirees from the Rossmore retirement community in Walnut Creek, an hour's bus ride away. The seniors, one of whom is 91 years old, tutor the boys for two hours in written and verbal skills, vocational opportunities and mock job interviews, parenting skills, and ethics and morality through stories written for adolescents.

B.U.I.L.D. (Broader Urban Involvement and Leadership Development)
1223 N. Milwaukee Ave.
Chicago, IL 60622
312/227-2880

Non-profit B.U.I.L.D. works with gang members on the streets, trying to involve them in athletic or social recreational events and to encourage them to participate in education and job training programs. Many of the street workers are graduates of street gangs who were helped by the organization.

B.U.I.L.D. also runs a prevention program for 28 junior high school students identified as at-risk for joining gangs by school and police authorities. The program includes a weekly class session and after-school activities to teach kids about the dangers of joining gangs and offers positive alternative activities. The project is supported by Chicago's social, civic and corporate sectors.

Chicago Intervention Network
Department of Human Services
500 Peshtigo Court
Chicago, IL 60611
312/744-1820

The Chicago Intervention Network (CIN) is a citywide coordinated approach to youth crime prevention based on strong neighborhood participation and extensive networking among social service agencies and law enforcement agents.

CIN operates nine field offices in low-income, high-crime areas of Chicago, targeting four main areas of interventions: alternative youth programming; parental and family support; victim assistance; and neighborhood empowerment programs, such as Neighborhood Watches, Safe School Zone Programs and parent patrols. CIN also operates a 24-hour telephone hotline that can dispatch a team of mobile social workers to deal with crises involving youth demanding immediate attention.

C.V.E. (Center for Urban Expression)
The Dorchester Youth Collaborative
1514A Dorchester Ave.
Dorchester, MA 02122
617/288-1748

C.V.E. is an after-school center for children ages 8-18. Their main focus is on *peer leadership* training. Children are allowed to express themselves in various areas of talent: art, dance, music, public speaking, etc. They are then further trained in these areas and sent out into the community. Gatherings, such as community get-togethers, are arranged and children are trained to give talks on or sing about gang violence, AIDS, etc. Their goal is to get the attention of their peers through the talent that is displayed to influence them to be leaders and stay off drugs, get an education, etc.

Andrew Glover Youth Program
100 Centre St.
Manhattan Criminal Court, Room 1541
New York, NY 10013
212/349-6381

A privately funded organization, the Andrew Glover Youth Program works to protect neighborhoods in New York's Lower East Side from crime. Another objective is to steer youth away from negative and illegal activities. The program serves a large number of young people by working with police, courts, youth services and social services to provide counseling, gang mediation, family counseling and housing assistance. Youth workers are in contact with kids where they spend most of their time: on the streets. The youth workers also live in the community and are available for assistance 24 hours a day.

Miami Police Department Gang Detail
Community Relations Section
400 N.W. 2nd Ave.
Miami, FL 33128
305/579-6620

The Gang Detail works closely with the Dade County School Board and the Miami Multi-Agency Gang Task Force on a variety of intervention programs. Among the Detail's projects are a "drop-in" program for gang members who want to re-enter school, and a "Respect Patrol," in which rival gang members and potential gang members encourage positive school behavior, such as getting to class on time and avoiding gang activities, in each other and in other students. "Respect patrol" members meet daily with a school adviser for special assignments and weekly for rap sessions and program reports.

Turning Point Family Services Program
Turning Point Gang Prevention and Intervention Program
12912 Brookhurst Ave., Suite 385
Garden Grove, CA 92640
714/530-9690

Turning Point is a private, non-profit organization that provides counseling and educational services to youth and young adults (ages 8 to 26) in Orange County, California. Programs include family and individual counseling, diversion counseling, drug and alcohol abuse counseling and classes, parenting classes, and special youth activities.

Early prevention and intervention programs are a primary focus in their effort to combat gang involvement. Staff members present an 10-week educational curriculum designed to discourage students from joining gangs and provide positive alternatives to youth gangs. The program is conducted in local elementary and junior high schools.

Centro de la Comunidad Unida
Delinquency Prevention/Gang Intervention Program
1028 S. 9th St.
Milwaukee, WI 53204
414/384-3100

Centro de la Comunidad Unida offers high-risk Hispanic young people alternatives to antisocial behavior through education, employment and recreation. The staff works to assist youth who are having trouble in school or in the community. In addition, they offer individual, family and group counseling, as well as referral and follow-up, gang mediation, and job placement.

LATCHKEY CHILDREN

STANDARDS SUMMARY

K - 1 and **2 - 3** and **4 - 6**

- Students should be aware that being on their own is a big responsibility which must be taken seriously.

7 - 8

All of the above, plus:

- Students should develop good decision-making skills and should take responsibility for their decisions.

9 - 12

All of the above, plus:

- Students should understand the legal, social and personal consequences of illegal actions and should know of positive activities in the community in which they can participate.

OVERVIEW

Latchkey children are those young people who are regularly left during some period of the day to supervise themselves, usually in the morning before school or for several hours after school. The term is used whether the children spend their time in group recreational programs, playing in the street or at home alone. It also includes both children left alone and those who are in the care of an older, yet still underage, sibling.

The term "latchkey children" was first coined in the 19th century when some children wore their house key around their necks. However, the problem of unsupervised children was relatively minor since America was still largely an agrarian society and parents often worked near their homes. Before World War I, fewer women had to work, there were fewer divorces and separations, and most people lived in extended families that included grandmothers, aunts and sisters who could take care of children. However, that slowly changed as America became more urbanized and society became more mobile. During World War II, the number of latchkey children increased dramatically as more women went to work as part of the war effort. Although many women quit their jobs after the war, the decline of women in the work force was only temporary.

During the past decade and a half, the number of mothers in the work force has risen dramatically. Approximately 16 million children, or more than 60 percent of all children under age 13, had working mothers in 1988, according to the Bureau of Labor Statistics. In 1988, more than 72 percent of

women whose youngest child was between the ages of 6 and 13 were working. Although in another era many women left the work force when they got married or had children, they are now continuing to work. Today, virtually the same percentage of married and single mothers with school-age children are employed.[1]

Teachers say that children being left alone after school is a major cause of academic difficulties, adding that the latchkey phenomenon is an even more critical factor than the related issues of poverty or single-parent families.[2]

Many believe that only inner-city or low-income families must leave their children alone; however, a higher percentage of latchkey children may exist in middle- and higher-income families. Although the exact number of latchkey children can't be pinned down, studies indicated that the number of latchkey children age 13 and under ranges from a low of less than 2.5 million, according to 1984 figures from the U.S. Census Bureau, to a high of 13 million. In *The Handbook for Latchkey Children and Their Parents*, the figure is estimated at 6 to 7 million children.[3]

These children belong to two distinct groups: those from two-parent, two-career families, and those from single-parent families. Although some issues faced by latchkey children are the same, regardless of circumstances, there are definite differences between these groups. Only 6 percent of the children from two-career families live below the poverty threshold, while the children in single-parent families face greater economic hardship. Most single-parent families are headed by women (there are 10 such families for every one headed by a man), and the median income for women who work full time is approximately 60 percent of the income of men who work. While almost one in five children in this country lives in poverty, that figure jumps to *one in three* for those who live in families headed by a woman. Single parents also have less time to take care of their children and are less likely to have someone else to share family responsibilities.[4]

Because of safety considerations, many parents do not let their children play outside when they are home alone, especially when the children are younger. Most latchkey children are not allowed to have friends over, since parents worry about accidents, fighting and the responsibility they would have for unsupervised children. The result is that many urban latchkey children spend their time at home totally isolated, often turning to the television and friends they can call on the phone for companionship. Watching excessive amounts of television can increase the fears of latchkey children, either because of the violent messages they may see or because of the sheer amount of information that is beamed into the living room. Researchers have found that young children often can not assimilate the number of messages they may receive in a typical afternoon of TV-watching, and this inability can cause stress. Furthermore, time spent in front of the television is time that is not spent playing, and playing has been shown to be a good way to reduce stress.

Most latchkey children have some negative feelings about taking care of themselves, often centering on safety fears such as the possibility of accidents and fires. The most common fear is that

someone will break into their home. Latchkey children can also feel abandoned or neglected, and resentful of the extra responsibility they have of taking care of themselves, pets, housework, etc.

Isolation from friends often leads to feelings of loneliness, boredom, fear, rejection and social insecurity. It can also have a profound effect on latchkey children after they've grown up. As Lynette and Thomas J. Long point out in *The Handbook for Latchkey Children and Their Parents*, "On the whole, latchkey children spend more time alone and less time with their friends than their parent-watched counterparts. Yet the elementary school years are a time when children learn how to interact with others. Children see their worth as how well they are respected in their peer group. Limiting those interactions can reduce their feelings of belonging and minimize feelings of self-worth. In addition, learning how to interact with and feel accepted by others is a primary task of childhood that affects how a child will interact with others in later life."[5]

As latchkey children grow older, they may deal with their boredom by becoming involved with drugs, sex, gangs or crime. A recent survey of 5,000 eighth-graders in Los Angeles and San Diego found that those children who spent 5 to 10 hours a week in "self-care" were 1.7 times more likely to use alcohol, 1.6 times more likely to smoke cigarettes, and 1.5 times as likely to use marijuana. Those who spent 11 or more hours a week alone were twice as likely to use alcohol, 2.1 times as likely to smoke cigarettes, and 1.7 times as likely to use marijuana. Some of the children who participated in the study said they had friends who smoked or drank and who presumably influenced them. But others said their exposure to alcohol and cigarettes was the result of solitary experimentation.[6]

The problems of latchkey children have no easy answers. Clearly, parents must make sure that their child is in a safe and nurturing environment. However, employers also must address the issue by providing child care assistance, such as on-site child care programs and designing flexible work arrangements, such as job sharing, flex-time and permanent part-time work. Children must be taught ways to take better care of themselves while they're on their own, and parents, teachers and children should take part in awareness programs that cover the dangers of leaving children alone. Finally, schools and the community should focus on the benefits to everyone of developing programs for before and after school care.

Endnotes

1. National Research Council, *Who Cares for America's Children: Child Care Policy for the 1990s*, eds. Cheryl D. Hayes, John L. Palmer and Martha J. Zaslow (Washington, D.C.: National Academy Press, 1990).
2. Louis Harris and Associates for Metropolitan Life Insurance Company, "The American Teacher: Strengthening Links Between Home and School," 1987.
3. Kathy Larkin, "Phone If You Need Help," *School Safety* (National School Safety Center Newsjournal), Winter 1990, pp. 15-16.

4. Lynette and Thomas Long, *The Handbook for Latchkey Children and Their Parents*, (New York: Arbor House Publishing Co., 1983), p.17.
5. Long, p. 38.
6. Anne C. Roarke, "Drug Use Seen Higher Among Latchkey Youth," *Los Angeles Times*, September 6, 1989.

CURRICULUM STANDARDS

K - 1 and **2 - 3** and **4 - 6**

Although even kindergarteners may at times take care of themselves after school, the number of latchkey children tends to increase markedly in third grade, since that is the age when many parents feel their children are old enough to care for themselves. However, many of the following strategies would be appropriate for younger children, since they cover basic safety rules that all children should know.

STANDARD: Students should be aware that being on their own is a big responsibility which must be taken seriously.

STRATEGIES:

1.) Ask students to write or talk about what they do and how they feel when they are alone at home. Discuss feelings of being bored, lonely or afraid. Have students brainstorm ways to deal positively with these feelings.

2.) Lead a class discussion about the kinds of rules parents often establish for their children. Assign students to talk to their parents about their families' rules and then write a brief report about them. Suggest they ask their parents about rules concerning using the telephone, allowing friends to come over, using the stove and other appliances, leaving the house/yard to visit friends or go to the park, telling an adult where they are going, etc.

3.) Discuss important phone numbers and under what circumstances they should be used. These numbers should include: the parents' numbers at work; a trusted neighbor's number; and numbers for the police department, fire department, doctor and poison control center. Have students make colorful posters that list these numbers, which they can then post in a convenient spot at home. Discuss situations in which it's appropriate to call "911," then role play making such a call and giving the appropriate information.

4.) Lead a class discussion about nutrition, then talk about the kind of nutritious snacks that are easy and safe to prepare. Point out the nutritional disadvantages of junk food.

5.) Invite experts to talk to the class about general safety rules. For example, a fireman could talk

about how to deal with a kitchen fire, the safe use of electrical appliances, and what to do if one's clothing catches fire. A Red Cross official could go over basic first aid and safety rules. A police officer could discuss what to do if a stranger knocks on the door or calls and asks to speak to an absent parent.

Encourage students to ask questions about their own fears without worrying about sounding silly; such class presentations offer an opportunity to put unrealistic fears in perspective, as well as to teach about dealing with real safety concerns. In all cases, children should be told about safety issues in a way that instills caution but does not heighten fear.

6.) Practice flexible problem-solving skills, using situations often confronted by latchkey children, such as losing a house key, missing a bus, or arriving home to find a broken window or open door. Role play a number of such situations with the children, pointing out that each situation has a number of alternative solutions.

7.) Discuss the basics of time management, then have students keep a diary for a week that lists what they do each day after school. At the end of the week, lead a class discussion on what they discovered about the way they spend time. Have students develop a daily plan of how to spend their time so that they can finish homework and chores and still have time to play.

8.) Latchkey children often turn automatically to the television when they get home, both for companionship and as a way to pass time. Although they often complain of boredom, children sometimes need a little help in thinking of other things to do with their free time. Have students write an essay on one of the following questions: "What activity in the whole world would you most like to do?", "What is your favorite thing to do out of school?", "What would you like to know how to do (play a musical instrument, create a crafts project, etc.) that you don't know how to do now?", or "What are the things your friends do that you wish you could do?"

To get them started, you may want to hand out a list of sample activities. Joan M. Bergstrom's book, *School's Out — Now What?*, includes an extensive list that covers athletic activities; cultural activities (including choices in music, dance, arts and crafts, and drama); civic and community activities; outdoor and nature activities; religious studies; places to visit; and special interests (such as collecting baseball cards, dolls or stamps; studying family history; learning a language; building a terrarium; making ice cream; writing a pen pal; and so on).

Next, have students research an activity of their choice by writing to an appropriate organization for information, looking in the Yellow Pages to see if a local group offers classes, reading books on the subject, and generally learning how to get started with that hobby. Have students write a report or make a class presentation about what they discover.

9.) Show clips from a number of different types of television shows, including situation comedies, talk shows, dramas based on real life, newscasts, etc. Discuss the differences between the shows: In some, actors are pretending to be certain characters, while others portray real people or real events.

Compare TV characters with people the students know, and discuss whether the actions of the TV characters are believable. Discuss the concept of stereotypes and see how many the students can spot. Discuss special effects and explain that although it may *look* like someone is doing something dangerous without getting hurt, there would be more serious consequences in real life. Show a series of TV commercials and discuss the ways they convince viewers to buy something and the importance of remaining skeptical, even in the face of a hard sell.

Have students keep a daily TV log for a week, noting what programs they watch and critiquing both the shows and the commercials for believability and interest. Discuss what they learned from this exercise.

10.) Hand out an annotated list of books that students may enjoy reading on their own, simply for pleasure. (Work with the librarian to make sure the books are available in the school library.)

7 - 8

All of the above, plus:

STANDARD: Students should develop good decision-making skills and should take responsibility for their decisions.

STRATEGIES:

1.) Discuss the greater responsibilities and dangers that face many teenagers who spend unsupervised time at home. For example, many teenagers have increased academic responsibilities, are expected to do certain chores around the house, and they may also be in charge of one or more younger siblings. Have students create time-management calendars to determine what they can accomplish in their after-school hours. Role play emergency situations involving younger siblings and discuss where students could turn for help.

2.) Discuss the problem of peer pressure, then role play situations in which students may be encouraged to experiment with alcohol or other drugs, become involved with a gang, take part in vandalism or theft, or become involved with sex. Focus on communication skills that allow a teenager to resist such pressures without antagonizing friends.

3.) Discuss the importance of good communication, then role play conversations with parents which center on subjects that cause friction, such as household rules, homework and chores. Teach communication skills, such as active listening, and have students use those skills in their role-playing exercises.

9 - 12

All of the above, plus:

STANDARD: Students should understand the legal, social and personal consequences of illegal

actions and should know of positive activities in the community in which they can participate.

STRATEGIES:

1.) Have a Highway Patrol officer make a class presentation about the laws concerning driving and owning an automobile, road safety rules, and becoming a responsible and courteous driver.

2.) Have students research the involvement opportunities in the community, including volunteer jobs; school activities, such as sports, clubs and committees; activities sponsored by religious organizations; and so on. Have each student research a different area, then write a report and/or make a presentation to the class.

3.) Have a school academic counselor talk to the class about educational opportunities available in the area. For example, older high school students may be able to take evening or summer classes at a local community college and earn credit toward a college degree. Students who are having difficulty with their schoolwork may want to check out organizations that offer tutoring. Other students may want to set up an informal internship, working a few hours a week in a particular career field to find out if it's something they'd like to pursue later.

RESOURCES

Publications

Baxter, Kathleen M. *Come and Get It: A Natural Foods Cookbook for Children.* Ann Arbor, MI: Children First Press, 1981.

Bergstrom, Joan M. *School's Out — Now What? Creative Choices for Your Child.* Berkeley, CA: Ten Speed Press, 1984.

Bergstrom, Ruth Cramer; Genser, Andrea; Levine, James A.; and Seligson, Michelle. *School-Age Child Care: An Action Manual.* Boston: Auburn House, 1982.

Betty Crocker's Cookbook for Boys and Girls. New York: Western Publishing Co., Inc., 1975.

Blake, Jim, and Ernst, Barbara. *The Great Perpetual Learning Machine: A Stupendous Collection of Ideas, Games, Experiments, Activities, & Recommendations for Further Exploration — with Tons of Illustrations.* Boston, MA: Little Brown & Co., 1976.

Blau, Rosalie. *Activities for School-Age Child Care.* Washington, D.C.: National Association for the Education of Young Children, 1977.

Braga, Joseph, and Braga, Laurie. *Children and Adults: Activities for Growing Together.* Englewood Cliffs, NJ: Prentice-Hall, Inc., 1976.

Cadwallader, Sharon. *Cooking Adventures for Kids*. Boston, MA: Houghton Mifflin Co., 1974.

Caney, Steven. *Steven Caney's Invention Book*. New York: Workman Publishing Co., Inc., 1983.

Caney, Steven. *Steven Caney's Playbook*. New York: Workman Publishing Co., Inc., 1975.

Caney, Steven. *Steven Caney's Toybook*. New York: Workman Publishing Co., Inc., 1972.

Chaback, Elaine, and Fortunato, Pat. *The Official Kids' Survival Kit: How to Do Things on Your Own*. Boston, MA: Little, Brown & Co., 1981.

Cooper, Terry, and Ratner, Marilyn. *Many Friends Cookbook: An International Cookbook for Boys and Girls*. New York: Putnam Publishing Group, 1980.

Many Hands Cooking: An International Cookbook for Girls and Boys. New York: Harper & Row Publishers, Inc., 1974.

Feinman, Jeffrey. *Freebies for Kids*. New York: Wanderer Books, 1979.

Freeman, Lory. *What Would You Do If...A Children's Guide to First Aid*. Seattle, WA: Parenting Press, 1983.

Gilbert, Sara. *By Yourself*. New York, NY: Lothrop, Lee and Shepard Books, 1983.

Green, Martin I. *A Sigh Of Relief: The First Aid Handbook for Childhood Emergencies*. New York: Bantam Books, 1977.

Gregg, Elizabeth, and Boston Children's Medical Center Staff. *What to Do When There's Nothing to Do*. New York: Dell Publishing Co., Inc., 1970.

Goodwin, Mary T., and Pollen, Gerry. *Creative Food Experiences for Children*. Washington, D.C.: Center for Science in the Public Interest, 1980.

Haas, Carolyn, et al. *Backyard Vacation: Outdoor Fun in Your Own Neighborhood*. Boston, MA: Little Brown & Co., 1980.

Haas, Carolyn. *The Big Book of Recipes for Fun: Creative Learning for Home and School*. Chicago, IL: Chicago Review Press, Inc., 1980.

Hautzig, Esther. *Let's Make Presents: One Hundred Gifts for Less Than One Dollar*. New York: Harper & Row Publishers, Inc., 1962.

Kalba, Jonah, and Viscott, David. *What Every Kid Should Know*. Boston, MA: Houghton Mifflin Co., 1976.

Kamien, Janet. *What If You Couldn't...? A Book About Special Needs*. New York: Charles

Scribner's Sons, 1979.

Kyte, Kathleen S. *In Charge: A Complete Handbook for Kids with Working Parents*. New York: Alfred A. Knopf, 1983.

Kyle, H.S. *Play It Safe: The Kids' Guide to Personal Safety and Crime Prevention*. New York: Alfred A. Knopf, 1983.

Kujoth, Jean S. *The Boys' and Girls' Book of Clubs and Organizations*. Englewood Cliff, NJ: Prentice-Hall, Inc., 1975.

Long, Lynette. *On My Own: The Kids' Self Care Book*. Washington, D.C.: Acropolis Books, Ltd., 1984.

Long, Thomas J., and Lynette Long. *The Handbook for Latchkey Children and Their Parents*. New York: Berkeley Books, 1984.

McCoy, Elin. *The Incredible Year-Round Playbook*. New York: Random House, 1979.

McToots, Rudi, & Dreadnaught Group. *The Kids Book of Games for Cars, Trains and Planes*. New York: Bantam Books, Inc., 1980.

Paul, Aileen. *Kids Cooking Without a Stove: A Cookbook for Young Children*. Garden City, NY: Doubleday & Co., Inc., 1975.

The Kid's Diet Cookbook. Garden City, NY: Doubleday & Co., Inc., 1980.

Salny, Rosalyn W. *Hobby Collections A-Z*. New York: Crowell, 1965.

Schick, Eleanor. *Home Alone*. New York: The Dial Press, 1980.

Singer, Dorothy G.; Singer, Jerome L.; and Zuckerman, Diana M. *Teaching Television*. New York: The Dial Press, 1981.

Stein, Sara. *The Kids' Kitchen Takeover*. New York: Workman Publishing Co., Inc., 1975.

Raskin, Bruce, ed. *The Whole Learning Catalog*. Belmont, CA: Pitman Learning, Inc., 1976.

Scharlatt, Elizabeth L. *Kids: Day In and Day Out*. New York: Simon & Schuster, 1979.

Warren, Jean. *Super Snacks*. Alderwood Manor, WA: Warren Publishing House, 1982.

Wurman, Richard S. *The Yellow Pages of Learning Resources*. Cambridge, MA: MIT Press, 1972.

Yolla Bolly Press, ed. *Every Kid's Book of Things to Do*. New York: Bantam, 1979.

Youth Serving Organizations Directory. Detroit, MI: Gale Research Company, 1978.

Audio-visual

Alone at Home is a short film that addresses children who are left alone from time to time. The film provides children with skills for handling emotional feelings, such as fear, loneliness, etc. Also included are safety procedures, first aid and what to do in emergency situations. 16 1/2 minutes; $350 — film; $315 — video; $60 rental. Available from Alfred Higgins Productions, 6350 Laurel Canyon Blvd., North Hollywood, CA 91606, 818/762-3300.

Organizations

Big Brothers/Big Sisters of America
117 South 17th Street, Suite 1200
Philadelphia, PA 19103
215/567-2748

Boy Scouts of America, Inc.
P.O. Box 61030
Dallas/Ft. Worth Airport, TX 75261
214/659-2000

Boys Clubs of America
771 First Avenue
New York, NY 10017
212/557-7755

CampFire, Inc.
4601 Madison Avenue
Kansas City, MO 64112
816/756-1950

The Center for Early Adolescence
University of North Carolina at Chapel Hill
Suite 223, Carr Mill Mall
Carrboro, NC 27510
919/966-1148

Child Care Action Campaign
132 West 43rd Street
New York, NY 10036
212/239-0138

Child Care, Inc.
275 Seventh Avenue
New York, NY 10001
212/929-7604

Children's Defense Fund
122 C Street, NW
Washington, D.C. 20001
202/628-8787

Children's Legal Rights Information and Training
2008 Hillyer Place, NW
Washington, D.C. 20009
202/332-6575

Children's Rights Group
693 Mission Street
San Francisco, CA 20009
202/332-6575

Child Welfare League of America
67 Irving Place
New York, NY 10003
212/254-7410

Day Care Council of America
1602 17th Street, NW
Washington, D.C. 20036
202/745-0220

Girl Scouts of the U.S.A.
830 Third Avenue
New York, NY 10022
212/940-7500

Girls Clubs of America
205 Lexington Avenue
New York, NY 10016
212/689-3700

The Home and School Institute, Inc.
Special Projects Office, Suite 228
1201 16th St., NW
Washington, D.C. 20036
202/466-3633

"I'm Safe and Sure"
1521 Wilshire Blvd
Los Angeles, CA 90017
213/413-5501

National Assembly of National Voluntary Health
and Social Welfare Organizations
291 Broadway
New York, NY 10007
212/267-1700

National Association for Child Care Management
1800 M Street, NW, Suite 1030N
Washington, D.C. 20036
202/452-8100

National Association of County Human Services Administrators
c/o National Association of Counties
1735 New York Avenue, NW
Washington, D.C. 20006
202/783-5113

National Association of Girls Clubs
5808 16th Street, NW
Washington, D.C. 20011
202/726-2044

National Association of Neighborhoods
1651 Fuller Street, NW
Washington, D.C. 20009
202/332-7766

National Fire Protection Association
Batterymarch Park
Quincy, MA 02269
617/328-9290

National Safety Council
444 North Michigan Avenue
Chicago, IL 60611
312/527-4800

National Self-help Clearinghouse
Graduate School and University Center
City University of New York
33 West 42nd Street

New York, NY 10036
212/840-7606

Parents Without Partners
7910 Woodmont Avenue, Suite 1000
Washington, D.C. 20014
202/654-8850

Save the Children Federation
54 Wilton Road
Westport, CT 06880
203/226-7271

The School-Age Child Care Project
Wellesley College
Center for Research on Women
828 Washington Street
Wellesley, MA 02181
617/235-6360

Young Men's Christian Association of the United States
101 North Wacker Drive
Chicago, IL 60606
312/977-0031

Young Women's Christian Association of the United States of America
600 Lexington Avenue
New York, NY 10022
212/753-4700

Model Programs

Prepared for Today
The Scout Shop
14140 Ventura Blvd.
Sherman Oaks, CA 91423
818/784-4272

A survival-skills program, it teaches children about being home alone, fixing something to eat, practicing home safety, learning about one's neighborhood, caring for younger children, problem solving and feeling good about oneself. In English and Spanish.

"Grandma, Please"
Uptown Center Hull House
4520 N. Beacon
Chicago, IL 60640
312/561-3500

This "warmline" has a staff of trained volunteers, all "grandmas and grandpas" over age 55, who field calls from children, most from 6 to 13 years of age. "Grandma, Please" operates from 3 p.m. to 6 p.m. each weekday. Most conversations involve reassuring a child who is home alone or giving assistance with homework, but the volunteers also have counseled youngsters facing serious family problems, depression and teen pregnancy. Spin-off programs are now in Minneapolis, Minnesota; Annapolis, Maryland; and Red Bank, New Jersey. Starter kits are available and have been sent to potential user groups from Honolulu, Hawaii, to Little Rock, Arkansas.

NON-FAMILY ABDUCTIONS

STANDARDS SUMMARY

K - 1

- Students should understand that their internal "oh oh" feeling which tells them that an experience is bad rather than good is to be trusted and supported.

2 - 3

- Children should clarify their attitudes and values around conflict and learn to solve problems through small group discussions.

4 - 6

- Children should understand what their own values are and should be able to solve problems in more sophisticated ways.

7 - 8

- Students should exhibit more self-esteem and the ability to withstand peer pressure, and they should understand the difference between personal and social responsibilities.

9 - 12

- Students should develop their own values system, exhibit more self-esteem, and develop motivation and communication skills.

OVERVIEW

The abduction of children by non-family members or strangers once received tremendous national attention. Then evidence appeared which seemed to indicate that the number of non-family abductions was actually much smaller than many people feared, and the roar of public outrage lessened considerably. As late as 1981, the estimated number of non-family abductions each year ranged from a low of 67 to a high of 50,000.[1]

The most recent findings, based on a national incidence study conducted by the University of New Hampshire Family Research Lab under the direction of Dr. Gerald T. Hotaling and Dr. David Finkelhor, indicate that an estimated 3,200 to 4,600 "legal definition non-family abductions" known to law enforcement occurred in 1988. These non family-abductions were defined as the coerced and unauthorized *taking* of a child into a building, a vehicle, or a distance of more than 20 feet; the *detention* of a child for a period of more than an hour; or the *luring* of a child

for the purposes of committing another crime, such as sexual assault.[2]

Of these 3,200 to 4,600 abductions, the national incidence study found that an estimated 200 to 300 were "stereotypic kidnappings." To be classified as a stereotypic kidnapping required that the perpetrator be a *stranger*. In addition, the perpetrator must have evidenced an intent to keep the child permanently or the child must have:

- been gone overnight;
- been killed;
- been transported a distance of 50 miles or more; or
- been ransomed.[3]

Based on FBI data, the national incidence study also indicated that an estimated 43 to 147 stranger abduction homicides of children occurred nationally each year between 1976 and 1987.[4] The study includes data on why children are abducted by non-family members. These reasons may include but are not limited to sexual exploitation, ritualistic abuse, black market sale of infants, and profit or ransom.

Despite these relatively low numbers, a discrepancy still exists. Within the preliminary study, other sources, such as the Illinois Criminal Justice Information Authority, indicated that 250 child homicides by non-family members, which may or may not have included abduction, occurred during 1980-1982. Also, a review of 1984 police records in Jacksonville, Florida, and Houston, Texas, indicated that 211 cases of attempted or actual kidnappings of children took place by non-family members during that one-year period.[5] If these latter figures are correct, then the actual number of non-family member abductions could be larger when translated nationwide.

The national incidence study also has begun to pinpoint the age group most at risk for non-family member abductions. The former belief that very young children were at the greatest risk is not reflected in the incidence study. Researchers have found that half of the victims of legal definition non-family abductions were age 12 or older. In addition, the national incidence study determined that three-quarters of the child abduction victims were females, and minorities also were more likely to be abducted by a non-family member.[6]

Even with the national incidence study now completed, it may be a long time before the number of incidents are verified because reporting requirements and data collection vary from one police department to the next and from one state to the next. Accurate data collection is complicated by the vague definitions of the two categories of abduction, i.e. non-family member and stranger. A non-family member is unrelated to the family but may be known by the adults or the children in the family. A stranger is unknown to the adults in the family but may be known to the children. Child Find, a missing children's organization, defines a stranger abduction as the

abduction of a child by someone who is not known and has not been seen before by anyone in the family. The national incidence study researchers defined non-family abductions as those children who were taken from home or somewhere else, or unlawfully detained by someone who is not a parent, relative or legal guardian, without the knowledge and/or against the wishes of a parent or legal guardian.

Whether child abductions by non-family members and/or strangers are frequent or not, the community concern remains in protecting children from dangerous individuals and situations. In the past few years, child assault prevention programs have been developed nationwide in an effort to prevent sexual and physical assault and abductions. The program content ranges from showing a video of good versus bad touches to role play and puppet shows about dangerous strangers. In a number of studies evaluating these programs' effectiveness, the majority have been shown to do a good job in imparting knowledge and skills to children. One study, completed by Dr. Jon R. Conte of the University of Chicago, evaluated the Cook County (Illinois) Sheriff's Office prevention program in which children learned about "OK and not OK" touches through role-play exercises. The findings concluded that, although children gained a significant increase in knowledge, they still knew only slightly more than 50 percent of the concepts taught by the program.[7]

In California, a statewide prevention program conducted by the Child Assault Prevention Program (CAPP), fashioned after an Ohio program of the same name, was evaluated.[8] The evaluation looked at anxiety and at general interpersonal trust and intrapersonal trust (confidence) of children in a pre- and post-study designed for the prevention program. Children who participated in the program had less anxiety and more general interpersonal trust of individuals. However, these same children had less intrapersonal trust and a less defined general concept of strangers after their participation. It was determined that the prevention program should expand its experiential training so that children could integrate their new knowledge with confidence-building techniques needed for self-protection. Otherwise, children may finish a program knowing more about dangerous situations but feeling incapable of protecting themselves.[9]

The same study also showed that seeing missing children's pictures on milk cartons increases children's anxiety. In addition, the study revealed that little girls exhibited more helplessness, while little boys displayed an unrealistic "macho" behavior toward potential sexual assault or abduction situations.

In teaching children how to protect themselves, teachers need to be sensitive to gender and age differences in curriculum standards. They also need to help children internalize and incorporate the information in a concrete and personalized manner. Specifically, children need to be active participants in the learning process. Dr. David Finkelhor, a highly respected researcher in the field of child victim issues and a principal investigator in the national incidence study,

recently said, "Everyone in the field agrees that children need to practice in order to learn."[10]

Perhaps the most horrendous crime known to our society is the abduction of a child by a stranger or non-family member. It is critical that society continues to take positive and forceful steps to teach children how to avoid a dangerous person and a potentially harmful experience. The learning begins at home, but it cannot stop there. It is up to the public school system to provide a well-planned program that is appropriate for the children and young adults who are victimized daily by those who prey on these innocent members of society. Financial costs of initiating and conducting these programs are more than offset by the millions of dollars spent annually by law enforcement, social welfare agencies and non-profit organizations in searching for abducted children.

Education *does* work, and child assault and abduction prevention programs *are* making a difference. By educating children, we move ourselves out of denial and recognize that children are being harmed daily. However, we would be irresponsible if we gave information to children about abduction situations but failed to follow up with practical teaching tools that teach them to protect themselves. Our society's highest interest and good is served by teaching children abduction prevention techniques and self-esteem enhancement through a hands-on experiential training model provided by teachers with the proper knowledge and skills.

Endnotes

1. J. Best, "Rhetoric in claims-making: Constructing the missing children problem," *Social Problems* 34, 2 (1987):101-121.
2. David Finkelhor, Gerald Hotaling, and Andrea Sedlak, *Missing, Abducted, Runaway, and Thrownaway Children in America, First Report: Number and Characteristics National Incidence Studies* (U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, May 1990).
3. Ibid.
4. Ibid.
5. J. Howell, "Finding Lost Kids," *San Francisco Examiner*, January 24, 1986, p. A-15; and National Center for Missing and Exploited Children, *An Evaluation of the Crime of Kidnapping as it is Committed Against Children by Non-Family Members* (Washington, D.C.: 1986).
6. Finkelhor, Hotaling and Sedlak.
7. D. Daro, "Summary of Evaluations Conducted on Child Assault Prevention Classes" (Unpublished manuscript, University of California, Berkeley, 1986).
8. C. Weaver, "Sally Cooper: Children Must Be Safe, Strong and Free," *Ms.*, July 1987, pp. 112, 116-117.
9. J. Smock, "Missing Children: A Study of the Effects of a Public School Prevention Program on Children and Their Families" (Doctoral dissertation, California Graduate School of Family Psychology, San Rafael, CA, 1987).
10. Telephone conversation with D. Finkelhor, April 5, 1989.

CURRICULUM STANDARDS

K - 1

STANDARD: Students should understand that their internal "oh oh" feeling which tells them that an experience is bad rather than good is to be trusted and supported.

STRATEGIES:

1.) Have students close their eyes at the beginning of rest time while the teacher lists some good experiences and then some bad experiences that might help the children to get in touch with that "oh oh" feeling. For example, the teacher may say, "Eating ice cream with your best friends, getting a new puppy for your birthday, having a person you never met before give you a gift and telling you not to tell anyone, having your mother take you shopping, letting an adult kiss you when you don't want that person to do that." Teachers also can help children compare their own feelings with those of others.

2.) Teach children the necessity of rules, as well as knowing their own telephone number, how to use a telephone, and some simple at-home safety tips, such as locking the doors and not answering the door when an adult is not at home.

3.) Teach children ways to respond in potentially dangerous situations, such as a non-family member offering to give them a ride without their parents' permission or an adult trying to make them keep a bad secret.

4.) Experiential activities might include role playing different feelings; talking about being responsible; playing educational games, such as dialing the phone and memorizing their number; singing songs based on staying safe; drawing pictures about safe versus unsafe scenes; dramatizing stories emphasizing safety measures, such as *Hansel and Gretel* and *Little Red Riding Hood*; and learning safety rhymes. The use of puppets in role playing or of dolls and doll houses to describe different feelings can be part of the learning process.

5.) Play the game "go fishing" using a pole with a magnet at one end that can pick up notes with rules about talking to strangers, how to avoid dangerous situations, what to do when someone asks you to keep a bad secret, etc. The children then can discuss the notes with the group.

2 - 3

STANDARD: Children should clarify their attitudes and values around conflict and learn to solve problems through small group discussions.

STRATEGIES:

1.) During relaxation time, the teacher can conduct guided imagery exercises to help the

children "see" themselves in safe and secure scenes. An unknown (not frightening) scene then could be included in the imagery, such as walking down a garden path and finding a big rock that blocks the view ahead. The teacher could have the child make a decision to go back and get a trusted adult to go with him to see what is behind the rock; from there, the teacher could allow the child's imagination to be open to various experiences, i.e. a stranger sitting on a park bench or a stranger talking to children playing in a field. In this way, the children could learn to recognize the "oh oh" feeling versus a warm OK feeling.

2.) Teach children about telephone use, i.e. memorizing their number and knowing how to call the proper authorities if they are in trouble.

3.) Teach home security tips, such as locking doors.

4.) Explain about authority figures and the different types of strangers, i.e. those who want to give the child money or candy and then ask that they not tell anyone.

5.) Have a police officer visit the class and explain what police officers do and don't do in terms of child safety.

6.) Teach the "buddy system" and role play about safety issues, such as bicycle use, being lost in a strange neighborhood, and bullying situations.

7.) Have the children draw or print their own stories, similar to the fairy tale *Little Red Riding Hood*, then explain the dangers and solutions to such stories.

8.) Print short reports on how they will follow rules at school and home, as well as listing the students' own personal rules to keep safe from dangerous situations.

9.) Teach students to identify responsible behavior in classmates and family members.

10.) Use teaching tools, such as crossword puzzles, comic books, true and false questions, and fill-in-the-blanks, to test the children on their safe skills knowledge. Include the concept of appropriate versus inappropriate touch.

11.) Introduce information about abduction and abuse by strangers, but eliminate the more negative side effects. This can be done by having the children voice their misconceptions about strangers, followed by clear statements and definitions about the word stranger, and including the statement that some strangers can be nice.

12.) Use the "what if" game to encourage children to think about different possibilities, to deal with their fears, and to assist in positive reinforcement of their skills.

13.) Use the "star" system for learning responsible behavior.

14.) Go on trust walks so each child learns to trust their partner and their partner learns to be trustworthy.

4 - 6

STANDARD: Children should understand what their own values are and should be able to

solve problems in more sophisticated ways.

STRATEGIES:

1.) Students should further define feelings and learn to label them. Establish debate teams to define strangers, victims, dangerous situations that could lead to a child being vulnerable, and good social conduct versus misconduct.

2.) Read to the class a detailed description of a traumatic event involving children. Then divide into small groups to discuss how they would have handled such a situation in their school and what things might have been done correctly and incorrectly in that specific example.

3.) Conduct small group discussions covering system rules, safety techniques and crime resistance measures that they can personally undertake.

4.) Organize field trips to local police departments, hospitals and places children frequent, such as parks.

5.) Teach students about safety procedures to use when they are with others and when they are alone.

6.) Role playing, as well as guided imagery, can be used to help the children experience firsthand how to avoid a bullying situation, potential kidnapping or sexual victimization. The initial introduction of classroom sculpting (role playing without verbal exchanges) can assist children at this age level to understand the signs of a potentially dangerous situation.

7.) Have students write short plays about situations in which children can be empowered and gain a sense of intrapersonal trust. Allowing this age group to achieve positive results in personal and student accomplishments is critical to building children's self-esteem and teaching them to trust their internal feelings about situations they might encounter in their day-to-day activities.

7 - 8

STANDARD: Students should exhibit more self-esteem and the ability to withstand peer pressure, and they should understand the difference between personal and social responsibilities.

STRATEGIES:

1.) Introduce values clarification at a more sophisticated level, such as discussing what the words commitment, trust and separation mean.

2.) To teach children about the community's response to protecting children, conduct field trips so that students can learn about the judiciary; about social programs, such as victim groups; and about legislative bodies that make laws pertaining to child victimization.

3.) Conduct small group discussions about crimes involving kidnapping cases, sexual victimization of children and hostage situations.

4.) Have students write and present in-class reports about prevention plans and ways to build confidence.

5.) Use classroom sculpting specifically as it relates to potential victimization experiences; for example, the teacher could allow each student to sculpt a group of kids who are bullying another student into trying drugs. No talking is allowed as one student molds the participants' faces and bodies in a scene. All the players are frozen until the student doing the sculpting says "move," at which point the participants move toward the victim, attempting to have him or her join their group and take some drugs. The student then says "freeze" and asks the participants to get in touch with their own internal feelings (anger, fear, sadness, indifference, etc.) at the moment. In the second scene, the victim is given various choices, such as calling friends from the sidelines, asking the teacher for support, or leaving the scene entirely. The positive reframe allows the students to see that choices can empower them to help prevent being victimized through abduction or sexual exploitation.

6.) Other exercises — such as guided imagery, relaxation exercises and artwork — can be used with excellent results with this age group. In addition, drama and interpersonal problem-solving activities are especially effective with this age group in gaining mastery over potentially difficult situations.

9 - 12

STANDARD: Students should develop their own values system, exhibit more self-esteem, and develop motivation and communication skills.

STRATEGIES:

1.) Conduct peer group discussions and dyadic sessions in which students pair off and give positive statements about themselves to an active listener. The listener can be non-verbally supportive and encouraging with consistent eye contact, body language and facial expressions.

2.) Classroom concepts mentioned for the previous age group — such as relaxation exercises, visualizations and artwork — may be used successfully with this group as well.

3.) Conduct field trips to newspapers and television stations to talk with crime reporters; non-profit victim groups; the judiciary, especially family court judges; and legislative bodies.

4.) Conduct small group discussions about crimes involving kidnapping, sexual victimization of children and hostage situations.

5.) Have students write and present in-class reports.

6.) Have students sculpt a school or family scene and then reframe it for a sense of empower-

ment. This gives students firsthand insight into their choices in a given situation and provides an avenue for possible behavior changes. Allowing each young adult to present "his or her own story" is important to the learning process. An example involving a stranger interacting with various students around the school grounds can show students the different possibilities in each scene and give them additional information in preventing a possible kidnapping, hostage or victimization situation.

Teachers' and School Administrators' Participation

The most effective teachers are those who deal with children on a personal level and involve children directly by responding to student interest and motivation. They also show more concern for their own feelings and attitudes, which then reflects a greater and more positive influence on their specific teaching styles.

For this reason, teachers should introduce mastery learning through individualized instruction. This involves learning the program's objectives, as well as allowing comprehensive feedback and clarification of the information by the students, who are all active participants in the class. Thus, children can internalize and then experience the knowledge gained through their own expression in the class.

Experiential teaching tools can be used, with the proper training, to give children the practical experience needed to build self-esteem and confidence. Such tools include classroom sculpting, role play, guided imagery, relaxation and visualization exercises, drawings, and other firsthand learning processes. Teacher training in these techniques needs special attention, since they are highly sensitive and specialized teaching tools.

Parents also should be involved and trained in prevention program curriculum. The way that a child experiences his or her environment and learns from that environment is most often based on how those in positions of authority — whether teacher, parent, police officer or anyone else — interact with that child.

Parents need to be taught that a respectful yet consistent and clearly stated directive to a child and appropriate discipline standards are the best way to teach a child to feel empowered and confident with a high level of self-esteem.

If the parents follow an authoritarian-autocratic pattern with controlling behaviors in the home environment, the child is more likely to have lower social interaction with peers and will tend to be dominated by his peers. These children tend to be more obedient and less argumentative, show little resistance, and lack attributes such as spontaneity and originality. These characteristics could lead to the child being placed in a high-risk situation from which the child cannot remove himself because he feels he has few choices but to comply.

Authoritarian parenting is closely connected with directive teaching, such as physically taking

over or giving direct verbal orders rather than making suggestions and allowing the child some freedom of choice. Teachers using the latter method can help children learn about self-protection and confidence-building techniques, while children who are taught in an authoritarian, directive style get the message that they are not trusted to undertake activities independently, i.e., they are not considered competent or capable of protecting themselves.

On the other hand, authority figures who are considered indulgent-permissive may contribute to a child displaying less maturity, impulse control, social responsibility and independence. This may restrict a child's spontaneity, creativity and other areas of social competence. Of course, this then could lead to a less thoughtful child who is in greater danger of abduction, sexual abuse or other forms of victimization. This parenting and/or teaching style can have more negative than positive effects and may cause a child to have a lower sense of self-esteem and be more impulsive, aggressive, dependent and irresponsible.

Any public school prevention program will need to create a strong parent-teacher coalition when teaching child assault prevention program issues. Studies indicate that the more involved parents are in prevention programs, the more successful the learning experiences are for the children. It also has been reported that parents who are exposed to program materials have seen greater improvement in children's prevention program knowledge and more positive discussions at home.

RESOURCES

Numerous resources are available for public schools to create or adopt child assault and abduction prevention programs within their own classrooms. A few are listed below, but most local women's centers and rape crisis centers have access to child assault and abduction prevention programs being conducted locally.

Publications

America's Missing, Runaway and Exploited Children: A Juvenile Justice Dilemma is a post-conference report from the National Council of Juvenile and Family Court Judges conference in Washington, D.C., on October 30 through November 2, 1988. It is a compilation of programs on these subjects and can be obtained from the National Council of Juvenile and Family Court Judges, University of Nevada, Reno, P.O. Box 8970, Reno, NV 89507, 702/784-6012.

The Basic Essentials: The Protective Behaviors Incorporated Anti-Victimization and Empowerment Process is a book of practical physical and psychological strategies to teach children, adolescents and adults how to protect themselves from danger and abuse, including sexual assault. It is written by Peg Flandreau West. Contact Protective Behaviors, Inc., 1005 Rutledge St., Madison, WI 53703, 608/257-4855.

The *Children's Safety Series* is a series of preventive education books for children including: *Private Zone*; *Safety Zone*; *It's Not Your Fault*; *Dial "O" For Help*; *Help Yourself to Safety*; *I Take Good Care of Me* (coloring book); and *Strangers Don't Look Like the Big Bad Wolf*. These books are available from Charles Franklin Press, 7821 175th St., S.W., Edmonds, WA 98020, 206/774-6979.

The *Kid-Ability* publication is a 48-page parent's guide to teaching children about prevention strategies. It is available from the Girls Club of Omaha, 3706 Lake Street, Omaha, NE 68111, 402/457-5517.

The *North American Directory of Programs for Runaways, Homeless Youth and Missing Children* contains a state-by-state description of program and community services available for missing children. It can be obtained through the American Youth Work Center at 1751 N Street, N.W., Washington, D.C. 20036, 202/785-0764.

Sourcebook for Educators: Sexual Assault Prevention for Adolescents by Susan de Alcorn may be obtained by contacting the Sexual Assault Crisis Center of Pierce County, Allemore Medical Center, 1901 S. Union, Tacoma, WA 98405-1803, 206/597-6424.

The *Third Annual Missing Children Summary* contains information on non-profit organizations, some of which conduct prevention programs pertaining specifically to abduction situations. It is available from the U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, 633 Indiana Avenue, N.W., Washington, D.C. 20531, 202/307-7751.

Audio-visual

Strong Kids, Safe Kids is a videotape produced by Paramount Studios. The partially animated film is hosted by Henry Winkler, John Ritter and Mariette Hartley. It presents different abusive situations and encourages children and adults to stop and discuss what they've learned. It may be obtained through your local video store.

Curricula

Kids and Company: Together for Safety is a comprehensive personal safety curriculum for grades K-6 that can be used both in school and community group settings. The program provides children with skills, information, self-confidence and support that will enhance their self-esteem and help prevent abduction and abuse. Developed by the Adam Walsh Child Resource Center, Inc., and the National Center for Missing and Exploited Children, it was produced with the support of Digital Equipment Corporation.

Materials include a teacher's guide, student activity sheets, a parent kit, a videotape for role playing and discussion, and a teacher training video. For more information, contact the National Center for Missing and Exploited Children, 2101 Wilson Boulevard, Suite 550, Arlington, VA 22201, 703/235-3900.

TIPS: Teaching Individuals Positive Solutions/Teaching Individuals Protective Strategies. This nationally validated curriculum teaches children at age-appropriate levels about dangerous stranger situations and potentially abusive situations. This is an excellent curriculum guideline for public schools just beginning to develop their own prevention program. It has been developed for grades K-8 with a model for each grade level. It may be obtained through the Educational Information Resource Center, 700 Hollydell Ct., Sewell, NJ 08080, 609/582-7000.

Personal Safety and Decision Making is a five-day curriculum for junior high school students. It comes with three-day and one-day outlines for teacher use. It may be obtained through Network Publications at P.O. Box 1830, Santa Cruz, CA 95061-1830, 408/438-4060 or 800/321-4407.

Talking about Touching, for preschool through fifth grade, and *Personal Safety and Decision Making*, for grades six through eight, are personal safety curricula available through the Committee for Children. These curricula teach children to avoid becoming victims of abuse and exploitation and include stories and photographs with teacher notes regarding personal safety. Assertive skill training, decision making, and the effective use of community resources are covered. A teacher's guide assists in identifying abuse cases and learning how to handle disclosures by children. An award-winning film and video are available from the same agency. The 19-minute video is called *Yes You Can Say No* and costs $195.00. In addition, a comprehensive multimedia program for preschoolers and kindergarteners, called *Talking about Touch Early Childhood Kit*, also is available through the Committee for Children, 172 20th Avenue, Seattle, WA 98122, 206/322-5050.

Preventing Sexual Abuse of Persons with Disabilities is a curriculum for persons with hearing or visual impairments, or physical or developmental disabilities. It includes parent training, teaching guidelines, exercises and student handouts. It can be obtained through Network Publications, P.O. Box 1830, Santa Cruz, CA 95061-1830, 408/438-4060 or 800/321-4407.

The Safe Child Program — A School Curriculum uses a combination of videotapes and role play directed by the classroom teacher. It teaches children about the prevention of abduction and sexual abuse, as well as safety for children who stay home alone. A free preview videotape package is available through Lucerne Media, 37 Ground Pine Road, Morris Plains, NJ 07950, 800/341-2293.

Model Programs

The Child Assault Prevention Program (CAPP)
National Assault Prevention Center
P.O. Box 02005
Columbus, OH 43202
614/291-2540.

This three-part program developed by the National Assault Prevention Center has spread across

the United States and to other countries. The three parts include good touches versus bad touches by someone known to the child, a bullying situation and a possible abduction situation by a stranger.

Kids — Self-Defense & Safety
Los Angeles Commission on Assaults Against Women
543 N. Fairfax Avenue
Los Angeles, CA 90036
213/655-4235, 213/392-8381 (hotline number), or 213/651-3147 (self-defense number)

A violence prevention program for children, the program was created by the Los Angeles Commission on Assaults Against Women. A complete course outline for age-appropriate classes in child physical and sexual assault and kidnapping prevention is included. It offers an excellent guideline document for conducting prevention classes.

Organizations

Child Find
P.O. Box 277
New Paltz, NY 12561
914/255-1848

This non-profit organization specifically was created to collect and distribute information on and about missing children. They also publicize preventive measures for safety tips and operate a mediation service. They would be available to provide necessary information on content areas needed to teach children about possible prevention ideas in avoiding non-family member or stranger abductions.

National Center for Missing and Exploited Children
2101 Wilson Boulevard, Suite 550
Arlington, VA 22201
703/235-3900

Created in 1984 to assist parents searching for missing children and law enforcement and other professionals handling the difficult cases of missing children and child sexual exploita- tion, the National Center for Missing and Exploited Children now offers a wide variety of services to the public. The Missing Children's Assistance Act of 1984—reauthorized in 1988—mandated that the Office of Juvenile Justice and Delinquency Prevention at the U.S. Department of Justice "establish and operate a national resource center and clearinghouse."

Multimedia

Puppets named *Penelope Peabody Mouse* and *Mother Mouse* accompany a book for children about being able to *Speak Up, Say No* and a filmstrip and videotape of the same title. The filmstrip and video also are available in Spanish. This material can be obtained through the Krause House, P.O. Box 880, Oregon City, OR 97045, 503/656-4367.

The *Red Flag, Green Flag People Workbook* is a personal safety program book designed for children up to 8 years old. It is used worldwide, particularly in classroom settings in which children can enjoy the coloring book. Pictures of familiar situations help students understand the concepts and vocabulary, which they discuss with the prevention program teacher. A teacher's guide accompanies the book, which also comes in Spanish. A training videotape also is available. It may be obtained through the Rape and Abuse Crisis Center, P.O. Box 2984, Fargo, ND 58108, 800/627-3675.

For Background Information

Agopian, M.W. The Impact on Children of Abduction by Parents. *Child Welfare League of America* LXIII, 6 (1984):511-519.

Armstrong, F.D. "Effects of Brief Relaxation Training on Children's Motor Functioning." *Journal of Clinical Child Psychology* 17, 4 (1988):310-315.

Associated Press. "Sex-Abuse Programs Failing: Study." *The Napa Register*, February 24, 1988, p. 20.

Biblarz, A.; Barnowe, J.T.; and Biblarz, D.N. "To Tell or Not to Tell: Differences Between Victims Who Report Crimes and Victims Who Do Not." *Victimology: An International Journal* 9, 1 (1984): 153-158.

Binder, R.L., and McNiel, D.E. "Evaluation of a School-Based Sexual Abuse Prevention Program: Cognitive and Emotional Effects." *Child Abuse and Neglect* 11 (1987):497-506.

Borkin, J., and Frank, L. "Sexual Abuse Prevention for Preschoolers: A Pilot Program." *Child Welfare League of America* LXIV, 5 (September 1985):75-81.

Cangemi, J.P. "Education and Self-Actualization." *Journal of Instructional Psychology* 14, 4 (December 1987):164-172.

Carroll, J. "Parents of the Missing." *San Francisco Chronicle*, February 13, 1989, pp. B3-4.

Cohen, P.B. "Resistance During Sexual Assaults: Avoiding Rape and Injury." *Victimology: An International Journal* 9 (1984): 120-129.

Collison, B.B.; Bowden, S.; Patterson, M.; Snyder, J.; Sandall, S.; and Wellman, P. "After the

Shooting Stops." *Journal of Counseling and Development* 65 (March 1987):388-390.

Comfort, R.L. "Sex, Strangers and Safety." *Child Care Quarterly* 14, 4 (Winter 1985):541-545.

Crombie, G. "Gender Differences: Implications for Social Skills Assessment and Training." *Journal of Clinical Child Psychology* 17, 2 (1988):116-120.

Daro, D. "Summary of Evaluations Conducted on Child Assault Prevention Classes." Unpublished manuscript, University of California, Berkeley, 1986.

Davis, D. *Working with Children From Violent Homes: Ideas and Techniques*. Santa Cruz, CA: Network Publications, 1986.

deYoung, M. "The Good Touch/Bad Touch Dilemma." *Child Welfare League of America*. LXVII, 1 (January 1988):60-68.

Encyclopedia of Psychology, 1984. S.v. "Self-Help Groups," by R.J. Corsini, pp. 290-292.

ERT Associates. *Network Publications Catalog*, Summer 1989. P.O. Box 1830 Santa Cruz, CA 95061-1830.

Fagan, J., and Wexler, S. "Crime At Home and in the Streets: The Relationship Between Family and Stranger Violence." *Violence and Victims* 2, 1 (Spring 1987):5-23.

Farel, A.M. "Parents' Preferences and Needs." *Children Today* 13, 2 (March 1984):28-31.

Frankel, A. "The Truth About the Missing Children." *Seventeen Magazine*, October 1988, pp. 85-86, 158.

Fryer, G.E. "Measuring Children's Retention of Skills to Resist Stranger Abduction: Use of the Simulation Technique." *Child Abuse and Neglect* 11 (1987):181-185.

Furman, E. "More Protection, Fewer Directions." *Journal Young Children* 42, 5 (July 1987): 5-7.

Fuselier, G.D. "Hostage Negotiation Consultant: Emerging Role for the Clinical Psychologist." *Professional Psychology: Research and Practice* 19, 2 (April 1988):175-179.

Geffner, B., ed. *Family Violence Bulletin*, University of Texas at Tyler 5, 1 (Spring 1989):12.

Guskey, T.R. "The Essential Elements of Mastery Learning." *Journal of Classroom Interaction* 22, 2 (July 1987):19-22.

Hartup, W.W. "Peer Relations." In *Handbook of Child Psychology*, pp. 115-120. Edited by P. Mussen. New York: John Wiley & Sons, 1983.

Hopkins, J. "Solving the Mystery of Monsters: Steps Towards the Recovery From Trauma." *Journal of child Psychotherapy* 12, 1 (1986):61-71.

Hubbard, K. *Help Yourself to Safety*. Edmonds, WA: The Charles Franklin Press, 1985.

Hymer, S. "The Self in Victimization: Conflict and Developmental Perspectives." *Victimology: An International Journal* 9, 1 (1984):142-150.

James, K. "Priming and Social Categorizational Factors: Impact on Awareness of Emergency Situations." *Personality and Social Psychology Bulletin* 12, 4 (December 1986):462-467.

Jason, L., and Felner, R. "Toward a Multidisciplinary Approach to Prevention." *Prevention in Human Services* 5, 2 (Spring 1986): 1-10.

Jefferson, C. "Some Notes on the Use of Family Sculpture in Therapy." *Family Process* 17 (March 1978):69-75.

Johnson, J.C.; Healy, K.N.; and Tracey-Magid, D. "Drama and Interpersonal Problem Solving: A Dynamic Interplay for Adolescent Groups." *Child Care Quarterly* 14, 4 (Winter 1985): 238-247.

Jones, K. "Preschoolers Benefit from Interagency Collaboration." *Children Today* 6 (November 1985):18-22.

Kent Public Schools. *Self-protection for the Handicapped: A Curriculum Designed to Teach Handicapped Persons to Avoid Exploitation*. Washington, D.C.: U.S. Department of Education, 1985, pp. 1-370.

Kochakian, M.J. "How Safe Am I?" *San Francisco Chronicle*, April 21, 1988, pp. B3-B5.

Kolko, D.J. "Educational Pprograms to Promote Awareness and Prevention of Child Sexual Victimization: A Review and Methodological Critique." *Clinical Psychology Review* 8, 2 (1988):195-209.

Kraizer, S.K.; Fryer, G.E.; and Miller, M. "Programming for Preventing Sexual Abuse and Abduction: What Does it Mean When it Works?" *Child Welfare League of America* LXVII, 1 (January 1988): 69-78.

Kurtz, H.A. "The Effects of Victimization on the Acceptance of Aggression and the Expectations of Assertive Traits in Children as Measured by the General Social Survey." *Victimology: An International Journal* 9, 1 (1984):166-173.

Kutsick, K., and Jackson, L. "Enhancing Self-Efficacy in Minority Youth: A Group Technique." *Psychology in the Schools* XXV, 2 (April 1988):183-186.

Maccoby, E.E., and Martin, J.A. "Socialization, Personality and Social Development." In

Handbook of Child Psychology, pp. 37-70. Edited by P. Mussen. New York: John Wiley & Sons, 1983.

Meisel, C.J. "Interpersonal Problem Solving and Children's Social Competence are Current Measures Valid?" *Psychology in the Schools* 26, 1 (January 1989):37-45.

Miltenberger, R.G., and Thiesse-Duffy, E. "Evaluation of Home-Based Programs for Teaching Personal Safety Skills to Children." *Journal of Applied Behavior Analysis* 21, 1 (Spring 1988):81-87.

National Center for Missing and Exploited Children. "Child Protetction" (brochure). Arlington, VA: NCMEC, n.d.

National Center for Missing and Exploited Children. *Investigator's Guide to Missing Child Cases*. Arlington, VA: NCMEC, 1987.

National Center for Missing and Exploited Children. "Just in Case...Your Child is Missing" (brochure). Arlington, VA: NCMEC, n.d.

National Center for Missing and Exploited Children. "My 8 Rules for Safety" (poster for children). Arlington, VA: NCMEC, n.d.

National Center for Missing and Exploited Children. *Selected State Legislation*. Arlington, VA: NCMEC, 1989.

National Organization for Victim Assistance. *Some Coping Strategies for Children; Deveiopmental Stages of the Child: A Checklist for Crisis Responses; and Child Reactions to Trauma*. Washington, D.C.: NOVA, October 1987.

Nelson, M., and Clark, K., eds. "The Educator's Guide to Preventing Child Sexual Abuse." Santa Cruz, CA: Network Publications, 1986.

Okech, J.G. "Self-Concepts and Attitudes Towards Teaching as Predictors of Effective Teaching." *Journal of Instructional Psychology* 14, 1 (March 1987):29-34.

Papp, P.; Silverstein, O.; and Carter, E. "Family Sculpting in Preventive Work With 'Well Families.'" *Family Process* 11, 3 (1973):107-212.

Perry, H.S., and Perry, S.E. "The Schoolhouse Disasters: Family and Community as Determinants of Child's Response to Disaster." Disaster Study No. 11. Washington, D.C.: National Academy of Sciences, 1959.

Poche, C., Yoder, P., and Miltenberger, R. "Teaching Self-Protection to Children Using Television Techniques." *Journal of Applied Behavior Analysis* 21, 3 (Fall 1988):253-261.

Pynoos, R., and Eth, S., eds. "Children Traumatized by Witnessing Acts of Personal Violence:

Homicide, Rape or Suicidal Behavior." In *Post-Traumatic Stress Disorder in Children.* Washington D.C.: American Psychiatric Press, 1985.

Reall, B. "Missing Children." *Children Today* 13, 1 (January 1984): 13-15.

Smock, J. "Missing Children: a Study of the Effects of a Public School Prevention Program on Children and Their Families." Doctoral dissertation, California Graduate School of Family Psychology, San Rafael, CA, 1987.

Strein, W. "Classroom-Based Elementary School Affective Education Programs: A Critical Review." *Psychology in the Schools* 25, 3 (July 1988):288-295.

Tanaka, M. and Ganz, M. "Crimes Against Kids Terrify Japan." *San Francisco Chronicle*, April 9, 1989, pp. 1 and A-16.

Terr, L. "Children of Chowchilla: A Study of Psychic Trauma in a Group of "Normal" Children." *Journal of the American Academy of Child Psychiatry* 22, 3 (1983):221-230.

Terr, L. "Chowchilla Revisited: the Effects of Psychic Trauma Four Years After a School Bus Kidnapping." *American Journal of Psychiatry* 140, 12 (1983):1543-1550.

Terr, L. "Time Sense Following Psychic Trauma: A Clinical Study of Ten Adults and Twenty Children." *American Journal of Orthopsychiatry* 53 (1983):244-260.

Thompson, R.A. "Developing a Peer Group Facilitation Program on the Secondary School Level: An Investment With Multiple Returns." *Small Group Behavior* 17, 1 (February 1986):105-112.

United Press International. "Adults Think Kids Getting Short Shrift." *San Francisco Chronicle*, April 12, 1988, pp. B4.

U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention. *Third Annual Missing Children's Summary*. Washington, D.C.: OJJDP. (202/307-7751).

U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention. "First Comprehensive Study of Missing Children in Progress." *Juvenile Justice Bulletin*, April 1988, pp. 1-4.

U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention. "The Police and Missing Children: Findings From a National Survey." *Juvenile Justice Bulletin*, January 1988, p. 104.

Van Scoyk, S.; Gray, J.; and Jones, D.P.H. "A Theoretical Framework for Evaluation and Treatment of the Victims of Child Sexual Assault by a Non-Family Member." *Family Process* 27, 1 (March 1988):105-113.

Vestermark, S.D., and Blauvelt, P. *Controlling Crime in the School: A Complete Security Handbook for Administrators*. New York: Prentice-Hall, 1978. Available through IRC Publications, P.O. Box 730, College Park, MD 20740.

Weaver, C. "Sally Cooper: Children Must be Safe, Strong and Free." *Ms.*, July 1987, pp. 112, 116-117.

Who's Who Among American High School Students. *16th Annual Survey of High Achievers: Attitudes and Opinions from the Nation's High Achieving Teens*, September 1985. 721 North McKinley Road, Lake Forest, IL 60045.

Yarmey, A.D., and Rosentein, S.R. "Parental Predictions of Their Children's Knowledge About Dangerous Situations." *Child Abuse and Neglect* 12 (1988):355-361.

Young, M. "The Role of Extended Family in a Disaster." *Human Relations* 7 (1954):383-391.

Ziv, A.; Kruglanski, A.W., and Shulman, S. "Children's Psychological Reactions to Wartime Stress." *Journal of Personality and Social Psychology* 30, 1 (1974):24-30.

PARENTAL ABDUCTIONS

STANDARDS SUMMARY

K - 1 and 2 - 3

- Students should know that marital and non-marital family relationships sometimes dissolve, but that it is not the child's fault when this happens.
- Students should know that it is OK for them to continue to love both of their parents—even after the divorce—if they want to.
- Students should know how to contact both of their parents by phone and by mail.

4 - 6

All of the above, plus:

- Unless a parent has been violent or abusive, students should know how to contact a parent who has suddenly disappeared from the child's life following the child's move or identity change.

7 - 8 and 9 - 12

All of the above, plus:

- Students should know what to do if they believe they may have been kidnapped by a parent.

OVERVIEW

Parental kidnapping has become a significant and troubling issue in recent years. Parental kidnapping is not a new phenomenon, nor is it unique to American society. Nonetheless, the escalation of the divorce rate we have experienced in the past 50 years has contributed to a significant increase in the incidence of parental kidnapping. Parental kidnapping is now described as a persistent, recurring phenomenon, posing legal difficulties of a national scope.[1]

An estimated half of all American marriages end in divorce. Studies by the Association of Family and Conciliation Courts have determined that custody and visitation will be contested in 10 to 15 percent of all divorce actions.[2] One-ninth of all children are likely to experience ongoing parental acrimony over their custody or care and are at high risk of emotional problems.[3]

The National Incidence Studies of Missing, Abducted, Runaway and Thrownaway Children (NISMART), which was published in 1990, found that family abduction appeared to be a substantially larger problem than previously thought.[4] An estimated 354,100 family abductions

occurred in 1988 when the NISMART study was conducted—a significantly higher figure than earlier estimates of 25,000 to 100,000. In the national incidence studies, a "family member," in addition to the usual meaning, included anyone with a romantic or sexual involvement with a parent. All of the 354,100 family abductions were situations in which a family member:

- took a child in violation of a custody agreement or decree; or
- in violation of a custody agreement or decree failed to return a child at the end of a legal or agreed-upon visit, with the child being away at least overnight.

Nearly half of these family abductions — an estimated 163,200 incidents — involved a more serious episode that entailed one of three additional aggravated conditions:

- an attempt was made to conceal the taking or the whereabouts of the child or to prevent contact with the child;
- the child was transported out of state; or
- there was evidence that the abductor had the intent to keep the child indefinitely or to permanently alter custodial privileges.[5]

Although the frequency with which parental abductions occur has not yet been definitively determined, there is increasing recognition that parental abduction should not be viewed as a benign resort to "self-help" by a loving parent. Psychological and social science research emphasizes that children need and want to have continuing and frequent contact with both their parents unless there is abuse, neglect or other extraordinary circumstances.[6] Because the trauma experienced by children of divorce can be reduced by frequent contact with both parents, visitation is generally regarded as the joint right of both the parent and the child. Parental kidnapping is almost certain to intensify and prolong the psychological trauma and stress the child is experiencing as a result of the separation of his or her parents.[7]

Furthermore, the parent who kidnaps his or her child often is not solely motivated by love and concern for the child. In many instances, the child is used as a pawn by a parent to seek revenge for the breakup, to harass the estranged partner, to use as a "bargaining chip" to reduce support obligations, or to extort a reconciliation. Often, the abducting parent manipulates the child's loyalty — forcing the child to make an emotional choice between the two parents.[8]

It is not unknown for an abducting parent to abandon the child when the abducting parent tires of caring for the child — but before the abducting parent has lost the desire to inflict pain on the ex-spouse. In these cases, the children may spend years in foster care (or be adopted) before the true circumstances are discovered.[9]

Even if the child remains with the abducting parent, he or she loses his or her relationship with the left-behind parent, and is taken from home, school, pets and friends. Occasionally, only

one child is taken by the abducting parent and the child loses all contact with siblings as well. In addition, he or she may lose all contact with loved members of the extended family — grandparents, aunts, uncles and cousins. This also may include members of the abducting parent's extended family if the abductor fears contact with family will increase the risk of discovery.

Abducted children often experience inconsistent and erratic schooling, poverty and isolation as the abducting parent moves frequently and changes employment to escape detection. Such children report experiencing anger, depression, guilt and lone- liness. The abducting parent, under the stress of continued isolation and concealment, may become abusive or neglectful.[10]

The subject of parent kidnapping may be addressed directly when the audience is adults (parents and teachers), but should be incorporated into a more general discussion of family relation- ships or divorce when the audience is young children.

A direct discussion of parental kidnapping issues is probably not appropriate for children younger than grades 9 - 12. It would not be appropriate to teach young children to fear that the non-custodial parent will abduct them or to be wary of traveling with the non-custodial parent. "Don't get in a car with a stranger" is not easily transformed into "Don't get in the car with Daddy," or "Never let Mommy take you to Disneyland without me."

Nonetheless, some information about stresses in family relationships and the process of dissolving a family can help a child put such experiences into proper perspective. Children can be taught that the divorce is not their fault and that it is OK for them to continue to love and want a relationship with both parents.

More direct information about parental kidnapping and prevention measures are appropriately directed at adult audiences—such as parents and teachers. Many of the prevention measures will involve such "adults-only" activities as obtaining court orders and keeping lists of information that could be used to locate the other parent in the event of his or her disappearance with the child.

Endnotes

1. U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, "Report of the U.S. Attorney General's Advisory Board on Missing Children," *Missing and Exploited Children: The Challenge Continues* (1988).
2. Nancy Thoeness and Jessica Pearson, "Summary of Findings from the Sexual Abuse Allegations Project," *Sexual Abuse Allegations in Custody and Visitation Cases*, eds. E. Bruce Nicholson and Josephine Bulkley (American Bar Association, 1988), p. 4.
3. Johnson, Campbell and Tall, "Impasses to the Resolution of Custody and Visitation Disputes," *American Journal of Orthopsychiatry* 55 (1985):112.
4. David Finkelhor, Gerald Hotaling, and Andrea Sedlak, *Missing, Abducted, Runaway, and Thrownaway Children in America, First Report: Numbers and Characteristics National*

Incidence Studies (U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, May 1990).

5. Ibid.
6. Hetherington, Cox and Cox, "Long-term Effects of Divorce and Remarriage on the Adjustment of Children," *Journal of the American Academy of Child and Adolescent Psychiatry* 24 (1985): 518; Hess and Camara, "Post-Divorce Family Relationships as Mediating Factors in the Consequences for Children," *The Journal of Social Issues* 35 (1979):79; Jacobson, "The Impact of Marital Separation on Children: Findings from Overall Study," *Journal of Divorce* 2 (1978):175; Luepniz, *Child Custody: A Study of Families After Divorce* (Lexington, MA: D.C. Heath, 1982); Guidubaldi and Perry, "Divorce and Mental Health Sequelae for Children: A Two-Year Follow-Up of a Nationwide Sample," *Journal of the American Academy of Child and Adolescent Psychiatry* 24 (1985):531; Wallerstein and Kelly, "The Effects of Parental Divorce: Experiences of the Pre-School Child," *Journal of the American Academy of Child and Adolescent Psychiatry* 14 (1975):600; Wallerstein and Kelly, "The Effects of Parental Divorce: Experiences of the Child in Later Latency," *American Journal of Orthopsychiatry* 46 (1976):256; Benedek and Benedek, "Post-Divorce Visitation," *Journal of the American Academy of Child and Adolescent Psychiatry* 16 (1977):271.
7. Dorothy S. Huntington, "Parental Kidnapping: A New Form of Child Abuse," (Corte Madera, CA: Center for the Family in Transition, 1984).
8. Ibid.
9. *People v. Rios*, 222 Cal Rptr 913; 177 Cal App 3d 445 (1986).
10. Huntington.

CURRICULUM STANDARDS

K - 1 and 2 - 3

STANDARD: Students should know that marital and non-marital family relationships sometimes dissolve, but that it is not the child's fault when it does.

Children frequently believe that their behavior has been responsible for the breakup of the family unit. They believe that if they had not been "bad," the marital or non-marital family unit would not have dissolved. This belief can be fostered or reinforced if the parents have had arguments about the children or about appropriate child-rearing practices.

STRATEGIES:

1.) Explain that many kinds of conflicts between adults can be responsible for the dissolution of a marriage or non-marital relationship.

2.) Give examples of the kinds of conflict between adults that are commonly experienced by couples, such as the proper use of money, drug or alcohol use or abuse, housekeeping standards, etc.

3.) Ask the children to give examples of the kinds of things that they think couples fight about.

4.) Reassure the children that, although parents fight about many things when a marriage or a non-marital relationship is dissolving, the conflict is between the values, standards and behaviors of the parents and is not the fault of the child.

STANDARD: Students should know that it is OK for them to continue to love both of their parents — even after the divorce — if they want to.

During the process of dissolving a marital or non-marital relationship, parents often feel rejected by their former partner. They may respond with anger and with rejection of their own. Parents undergoing the breakup of this primary emotional relationship can, often unknowingly, solicit the loyalty of the child and use of the child's love and loyalty in a "tug-of-love" between the parents. (Other parents, who abandon the child when they abandon the relationship or fail to keep promises made to the child — especially about visits — may, by their own conduct, elicit mixed or negative emotions in the child.) However, when the child continues to love and to want to see both parents, it is important to teach the child that, despite pressure from one or both parents, it is OK for the child to feel this way.

STRATEGIES:

1.) Explain to the children that it is OK for children to experience a variety of their own emotions about their parents' divorce or the dissolution of a non-marital relationship. Divorce is something that happens to the entire family — not just the parents — and it is OK for the children to have feelings about what has happened to their family.

2.) Give the children a few examples of emotions children commonly experience when their parents separate — such as fear, hurt, rejection, anger or depression. Some may experience relief that their parents are no longer continually fighting at the family home or even be pleased to spend more time with a parent who has been avoiding home life.

3.) Have the children give a few examples about how they felt when their parents fought, separated or divorced.

4.) Explain to the children that it's OK if they continue to love and want to see the non-custodial parent — even after the divorce.

5.) Give a few examples of children who love both parents and who want to maintain a relationship with both parents despite a separation or divorce. Also give an example or two of a child who might have developed his or her own mixed or negative emotions about a parent's behavior. Emphasize that whatever the child's emotions are, the child is entitled to have those emotions — but destructive behavior is not acceptable.

6.) Ask the children to tell you how they might feel or have felt about both parents after a family fight or a separation or divorce.

7.) Role play situations in which the children tell each parent how the child feels about the divorce.

8.) Role play situations in which the children tell each parent that, in addition to loving that parent, the children also love and continue to want to see the other parent — despite any divorce or non-marital separation.

STANDARD: Students should know how to contact both of their parents.

Unless one parent has abandoned the child or is abusive or violent, children should know how to contact both of their parents in an emergency. Children should, of course, obey the household rules about making long-distance calls.

STRATEGIES:

1.) Teach children how to place a local (seven-digit) telephone call, as well as a long-distance (10-digit) call. Use both rotary and push-button phones to practice on. Also teach them how and when to call 911.

2.) Have the children memorize the telephone numbers and addresses (including city and state) of both parents. If one (or both) parents do not have a telephone, have them memorize the local (seven-digit) telephone number of a family emergency contact person for that parent. The family emergency contact person could be a relative or a trusted friend of the parent.

3.) Teach the children how to dial the operator and ask for assistance in dialing a long-distance call. Teach the children that they must tell the operator the city and state in which the parent lives when requesting the operator to help them make a long-distance call.

4.) Teach them how to make a collect call. Explain that a long-distance telephone call is only to be placed in the event of an emergency. Suggest that the children talk to their parents about circumstances under which each parent would accept a collect call from a child. Role play conversations a child might have with one or both parents about circumstances under which a parent would accept a collect call from the child.

5.) Teach the children that they must obey household rules about making telephone calls — especially toll calls outside the local dialing area.

6.) Teach the children how to mail a letter.

7.) Practice writing, addressing and mailing a letter to one of the child's parents.

8.) Explain and give illustrations of what an emergency requiring contact with each parent might be. Have the children give examples of what kinds of situations they think are emergencies.

9.) Teach the children that, unless the other parent is abusive or violent, it is OK to contact the other parent (or family emergency contact person) by phone or by letter if they move suddenly without letting the other parent know where they have gone.

4 - 6

All of the above, plus:

STANDARD: Unless a parent has been violent or abusive, students should know how to contact a parent who has suddenly disappeared from the child's life following the child's move or identity change.

STRATEGIES:

1.) Teach the children to write or talk to a relative or trusted friend of an absent parent if a parent suddenly loses contact with the child following a move or change of the child's name or identity.

2.) Suggest several reasons why this might occur, such as increased expense, fear that the child is rejecting the parent, lack of knowledge about where to contact the child, parental abduction, or lack of interest.

3.) Role play a conversation with the chosen relative or friend of the absent parent.

7 - 8 and 9 - 12

All of the above, plus:

STANDARD: Students should know what to do if they believe they may have been kidnapped by a parent.

STRATEGIES:

1.) If a child believes that he or she may have been abducted by a parent because a parent with a previously loving and caring relationship to that child suddenly disappeared from that child's life following a move or a change in the child's identity, (especially if there was acrimony between the parents prior to the disappearance, multiple moves, or multiple changes in the child's name or identity), the child may contact the local police, the state clearinghouse on missing children, or the National Center for Missing and Exploited Children to learn if the absent parent has filed a missing person's report in an attempt to locate the child.

Parents' Participation

Since the primary responsibility to prevent parental kidnapping rests with each parent, rather than with the child, it is vital to involve the parents in the prevention education program.

Whether parental participation is achieved through parents' meetings or through handouts sent home to the parent, parents need to know about the following:

1.) Prevention strategies, such as counseling to resolve issues in post-divorce co-parenting; custody mediation to arrive at joint agreements concerning custody and visitation; court orders that provide protection against specific risks; and telephone counseling for those who are considering abducting a child — available through Child Find (1-800-A-WAY-OUT).

2.) Information allowing a parent to evaluate the level or risk of parental kidnapping faced by his or her family. What kind of preparation should be undertaken by all families? What additional precautions should be taken by high-risk families?

3.) Information specifically tailored for parents of children born out-of-wedlock, parents of children who might be abducted and taken outside of the United States, and parents whose children are exposed to domestic violence or abuse.

4.) Information about steps to be taken immediately upon discovering a child has been taken in a parental abduction, and information about resources for long-term assistance in the event of a parental abduction.

Teachers' and School Administrators' Participation

Teachers and school administrators need to know how to respond if a child discloses that he or she has been or may soon be abducted by a parent. Teachers and administrators may become aware of possible indicators of abduction (such as frequent moves or changes in the child's identity) from prior school or immunization records. In addition, the child may disclose this information to the teacher or to another child who, in turn, informs school personnel.

Some states and localities participate in programs comparing school enrollment with the NCIC's Missing Person's File. In general, such programs require that schools annually compile a list of new or transfer students for submission to the State Clearinghouse on Missing Children, the State Department of Justice, or some other law enforcement agency for comparison with the computerized NCIC Missing Persons's File. Alternatively, a law enforcement agency may compile a printout of children listed as missing in the NCIC Missing Person's File. This printout of children listed as missing would then be given to the schools for comparison against school enrollment.

These programs work best when school enrollment records are centralized and computerized. They should be structured to comply with state and federal confidentiality statutes. Nineteen states have enacted laws mandating the comparison of school enrollment records with the NCIC Missing Person's File.

Further information can be obtained from the National Center for Missing and Exploited Children (address and phone number listed under Resources at end of chapter).

School administrators should also familiarize themselves with the requirements of FERPA, the Federal Educational Rights and Privacy Act (Title 20 U.S. Code, beginning at Section 1232g), and similar or conflicting state confidentiality statues. FERPA requires that schools disclose certain information — such as the child's new address or the school to which a child's records have been forwarded — to either parent, upon request.

School administrators should also receive information about the operation of School Call Back Programs that verify student absences from school. If a child is abducted on the way to school, promptly notifying the parent of the child's absence from school can ensure a timely investigation of the circumstances of the disappearance.

After the school has compiled its daily list of absences, parents are contacted to ensure that they are aware their child is not attending school that day. Many programs of this nature are being used in schools across the country. Although different methods of operation are used, all offer a parent and law enforcement the opportunity to swiftly respond when a child is abducted on his or her way to school. Some schools use volunteers, often from the PTA, to contact the parents of absent children. In other schools, administrative personnel undertake the responsibility of making reasonable efforts to notify the parent. In still other schools, automated dialing machines are used.

Teachers and administrators should also familiarize themselves with a procedure known as "flagging records." When a child is abducted by a parent, the abductor frequently attempts to obtain school records to enroll the child in new schools. When a school is notified by a law enforcement agency that a child is missing, the school can "flag" the child's school records and notify the investigating law enforcement agency if the school receives a request for the child's records.

The school should not block the abductor's request, for this might alert the abductor that the search is continuing and may encourage further flight. Ten states currently require that schools "flag" school records upon the request of a law enforcement agency.

RESOURCES

Publications

Abrahms, Sally. *Children in the Crossfire*. New York: Atheneum, 1983 and Health Communications, Inc., 1988.

Black, Susan, et al. *Parental Kidnapping: A Handbook and Directory of Resources in the Denver Metropolitan Area*. Denver, CO: University of Denver Press, 1983.

Hoff, Patricia, and Kosid-Uthe, Janet. *Parental Kidnapping: How to Prevent an Abduction and What to Do If Your Child is Abducted.* Arlington, VA: National Center for Missing and Exploited Children, 1988.

Strickland, Margaret. *How to Deal With a Parental Kidnapping.* Moore Haven, FL: Rainbow Books, 1984.

Strickland, Margaret. *Parental Kidnapping: An International Resource Directory.* Edited by Joseph Teague Caruso. Moore Haven, FL: Rainbow Books, 1986.

U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention. "Report of the U.S. Attorney General's Advisory Board on Missing Children." *Missing and Exploited Children: The Challenge Continues*, 1988.

Fontana, Vincent. *Somewhere a Child is Crying: Maltreatment Causes and Treatment.* New York: New American Library, 1976.

Wishon, Philip M., and Broderius, Bruce. *Missing and Abducted Children: The Schools Role in Prevention.* Bloomington, IL: Phi Delta Kappa, 1987.

U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention. *Missing and Exploited Children: The Challenge Continues*, 1988. Juvenile Justice Clearinghouse/NCJRS User Service, P.O. Box 6000, Rockville, MD 20850.

Organizations

National Center for Missing and Exploited Children
2101 Wilson Blvd., Suite 550
Arlington, VA 22201
703/235-3900
800/843-5678

The following states have their own missing children programs. If your state is not listed, contact a national organization or a program in a neighboring state.

Alabama

Alabama Department of Public Safety
Missing Children Bureau
P.O. Box 1511
Montgomery, AL 36192-0501
205/242-4207
800/228-7688 (toll-free in state)

Alaska

Missing Children of America, Inc.
P.O. Box 670-949
Chugiak, AK 99567-0949
907/248-7300

Arizona

Arizona Department of Public Safety
Criminal Investigation Research Unit
P.O. Box 6638
Phoenix, AZ 85005-6638
602/223-2158

Missing and Exploited Children's Task Force
Pima County Sheriff's Department
P.O. Box 910
Tucson, AZ 85702
602/294-9948

Tucson Missing Children Program
P.O. Box 910-85702
Tucson, AZ 85702
602/740-2823

Arkansas

Arkansas Office of the Attorney General
200 Tower Building
4th and Center
Little Rock, AR 72201
501/682-5028
800/482-8982 (toll-free in state)

California

Adam Walsh Child Resource Center
7812 Westminster Blvd.
Westminster, CA 92683
714/898-4802

California State Department of Justice
Missing/Unidentified Persons
P.O. Box 903417
Sacramento, CA 94203-4170
916/739-5114

Find the Children
11811 West Olympic Blvd.

Los Angeles, CA 90064
213/477-6721

International Missing Children's Foundation
7084 Miramar Road
San Diego, CA 92121
619/236-9894

Missing Children's Project in California
1084 Avon Ave.
San Leandro, CA 94579
415/483-3576

Protect Your Child
20773 Meekland Avenue
Hayward, CA 94541
415/886-9029

Vanished Children's Alliance
1407 Parkmoor Ave.
San Jose, CA 95126
408/971-4822

Colorado

Colorado Bureau of Investigation
Crime Information Center
690 Kipling, Suite 4000
Denver, CO 80215
303/239-4251

Rocky Mountain Children's Clinic
820 16th Street, Suite 323
Denver, CO 80202
303/825-7016

Connecticut

Connecticut State Police
Missing Persons' Unit
294 Colony Street
Meriden, CT 06450
203/238-6688
800/367-5678 (toll-free in state)

Delaware

Delaware State Police
State Bureau of Identification

P.O. Box 430
Dover, DE 19903
302/736-5883

District of Columbia

Metropolitan Police Department
Missing Persons/Youth Division
1700 Rhode Island Ave., N.E.
Washington, D.C. 20018
202/576-6771

Florida

Florida Department of Law Enforcement
Missing Children Information Clearinghouse
P.O. Box 1489
Tallahassee, FL 32302
904/488-5224
800/342-0821 (toll-free in state)

Adam Walsh Child Resource Center
3111 South Dixie Highway, Suite 244
West Palm Beach, FL 33405
407/833-9080

Children's Rights of America, Inc.
12551 Indian Rocks Rd., Suite 9
Largo, FL 34644
813/593-0090

Missing Children Help Center
410 Ware Blvd., Suite 400
Tampa, FL 33619
813/623-5437
800/872-5437

Georgia

Georgia Bureau of Investigation
Intelligence Section
P.O. Box 370808
Decatur, GA 30037-0808
404/244-2554
800/282-6564 (toll-free in state)

Illinois

Illinois State Police
I-SEARCH

500 Ilespark Place, Suite 400
Springfield, IL 62617
217/524-6596
800/843-5763 (toll-free in state)

Indiana

Assistance for Victims of Child Theft
722 Cleveland Avenue
South Bend, IN 46628
219/289-4353

Indiana State Police
Indiana Missing Children Clearinghouse
Room 309
State Office Building
Indianapolis, IN 46204
317/232-8310
800/831-8953 (toll-free in state)

Iowa

Iowa Department of Public Safety
Division of Criminal Investigation
Missing Persons Information Center
Wallace State Office Building
Des Moines, IA 50309
515/281-7963
800/346-5507 (toll-free in state)

Kansas

Kansas Bureau of Investigation
Special Service Division
1620 S.W. Tyler Street
Topeka, KS 66612
913/232-6000

The Kansas Missing Children Foundation
P.O. Box 8232
Wichita, KS 67208-0232
316/684-4888

The Lost Child Network
8900 State Line Road, Suite 351
Leawood, KS 66206
913/649-6723

Kentucky

Kentucky State Police
Missing Child Information Center
1240 Airport Road
Frankfort, KY 40601
502/227-8799
800/222-5555 (toll-free in state)

Crimes Against Children Unit
436 South Seventh Street
Louisville, KY 40203
502/588-2465

Exploited Children's Help Organization
720 West Jefferson Street
Louisville, KY 40202
502/585-3246

Louisiana

Louisiana Clearinghouse for Missing and Exploited Children
Department of Health and Human Services
P.O. Box 3318
Baton Rouge, LA 70821
504/342-4008

Maryland

Maryland State Police
Maryland Center for Missing Children
1201 Reisterstown Road
Pikesville, MD 21208
301/799-0190
800/637-5437 (toll-free nationwide)

Missing and Exploited Children's Association
P.O. Box 608
Lutherville, MD 21093
301/667-0718

Massachusetts

Massachusetts State Police
Missing Persons' Unit
W. Grove Street
Middleboro, MA 02346
800/447-5269
800/622-5999 (toll-free in state)

Minnesota

Children's Rights of America, Inc.
P.O. Box 1444
Willmar, MN 56201
612/235-0914

Department of Public Safety
Bureau of Criminal Apprehension
Minnesota State Clearinghouse for Missing Children
1246 University Ave.
St. Paul, MN 55104-0610
612/642-0610

Missing Children-Minnesota
P.O. Box 11216
Minneapolis, MN 55411
612/572-0456

Mississippi

Mississippi State Highway Patrol
P.O. Box 958
Jackson, MS 39205
601/987-1599

Missouri

Missouri State Highway Patrol
Division of Drug and Crime Control/
Missing Children
P.O. Box 568
Jefferson City, MO 65102
314/751-3313, ext. 178

Montana

Montana Department of Justice
Missing Children's Clearinghouse
303 N. Roberts Street
Helena, MT 59620-1418
406/444-3817

Friends of Child Find-Montana
737 S. Billings Blvd., No. Zero
Billings, MT 59101
406/259-6999

Nebraska

Nebraska State Patrol

Criminal Identification
Box 94907
Lincoln, NE 68509-4907
402/479-4019

Nevada

Nevada Office of the Attorney General
Capitol Complex
198 South Carson Street
Carson City, NV 89710
702/885-4170

New Hampshire

New Hampshire State Police
Troop E
P.O. Box 235
West Ossipee, NH 03890
603/271-1166
800/525-5555 (toll-free in state)

New Hampshire Department of Human Services
Division of Children and Youth Services
Missing Children's Program
6 Hazen Drive
Concord, NH 03301-6522
603/271-4699

New Jersey

New Jersey State Police
Missing Person Unit and Child
Sexual Exploitation Squad
Quakerbridge Plaza Dr.
Building 12A, CN 119
W. Trenton, NJ 08625-0068
609/882-2000

The New Jersey Commission on Missing Persons
Quakerbridge Plaza Drive
Building 12A
CN 119
Trenton, NJ 08625
609/984-5830

Bergen County Sheriff's Office
Missing Persons' Bureau

1 Court Street
Hackensack, NJ 07601
201/646-2192

Morris County Prosecutor's Office
Missing Persons' Unit
Hall of Records
Morristown, NJ 07960
201/285-6220

Search Reports, Inc.
345 Boulevard
Hasbrouck Heights, NJ 07604
201/288-4445

Services for the Missing
P.O. Box 26
Gibbsboro, NJ 08026
609/783-3101

New Mexico

I.D. Resource Center for Albuquerque
2719 San Mateo, NE
Albuquerque, NM 87110
505/883-0983

Missing of New Mexico, Inc.
P.O. Box 2326
Roswell, NM 88202
505/622-5930

New York

America's Children Held Hostage
30 Stepney Lane
Brentwood, NY 11717
516/231-6240
(international abductions only)

New York Division of Criminal Justice Services
New York State Missing & Exploited
Children's Clearinghouse
Executive Park Tower
Stuyvesant Plaza
Albany, NY 12203
518/457-6326

800/346-3543 (toll-free in state)

Child Find of America, Inc.
P.O. Box 277
New Paltz, NY 12501
914/255-1848
800/426-5678

North Carolina

Children's Rights of America, North Carolina
P.O. Box 308
Lenoir, NC 28645
704/757-0122

North Carolina State Division of
Victim and Justice Services
Crime Control and Public Safety
116 W. Jones Street
Raleigh, NC 27603-1335
919/733-3718
800/522-5437 (toll-free in state)

North Dakota

Fargo Youth Commission
226 Broadway
Fargo, ND 58102
701/235-2147

Youth Works
311 N. Washington
Bismarck, ND 58501
701/255-6909

North Dakota Clearinghouse for
Missing Children
North Dakota Radio Communications
P.O. Box 5511
Bismarck, ND 58502-5511
701/224-2121
800/472-2121 (toll-free in state)

Ohio

Missing Child Educational Program Office
Ohio Department of Education
65 S. Front Street, Room 719
Columbus, OH 43266-0308

614/466-6837
800/325-5604 (toll-free in state)

Oklahoma

Oklahoma State Bureau of Investigation
Criminal Information Unit
P.O. Box 11497
Oklahoma City, OK 73136
405/848-6724

Oregon

Homeward Bound
16165 S.W. 72nd Avenue
Portland, OR 97305
503/243-2733

National Missing Children's Locate Center
P.O. Box 1707
Gresham, OR 97030
503/665-8544
800/443-2751, ext. 15

Oregon State Police
Missing Children Clearinghouse
107 Public Service Building
Salem, OR 97310
503-378-5775
800/282-7155 (toll-free in state)

Pennsylvania

Pennsylvania State Police
Missing Persons' Unit
Bureau of Criminal Investigation
1800 Elmerton Ave.
Harrisburg, PA 17110
717/783-5524

Children's Rights of Pennsylvania, Inc.
P.O. Box 4362
Allentown, PA 18105
215/437-2971

Rhode Island

Rhode Island State Police
Missing and Exploited Children Unit
P.O. Box 185

North Scituate, RI 02857
401/647-3311 X 237
800/544-1144 (toll-free in state)

The Society for Young Victims
54 Broadway
Newport, RI 02840
401/847-5083

South Carolina

South Carolina Law Enforcement Division
Missing Person Information Center
P.O. Box 21398
Columbia, SC 29221-1398
803/737-9080
800/322-4453 (toll-free in state)

South Dakota

Attorney General's Office
Division of Criminal Investigation
500 East Capitol
Pierre, SD 57501
605/773-3331

Tennessee

Tennessee Bureau of Investigation
Special Investigation Unit
P.O. Box 100940
Nashville, TN 37224-0940
615/741-0430

Texas

Texas Department of Public Safety
Crime Records Division
P.O. Box 4143
Austin, TX 78765-4143
512/465-2814
800/346-3243 (toll-free in state)

Nueces County Sheriff's Office
901 Leopard St.
P.O. Box 1940
Corpus Christi, TX 78403
512/888-0234

Vermont

Vermont Department of Public Safety
Vermont State Police
103 South Main Street
Waterbury, VT 05676
802/244-7357

Virginia

Virginia State Police
Missing Children's Clearinghouse
P.O. Box 27472
Richmond, VA 23261
804/674-2026
800/822-4453 (toll-free in state)

Washington

Washington State Highway Patrol
Washington Crime Information Center
P.O. Box 2527
Olympia, WA 98504
206/753-3960
800/543-5678 (toll-free in state)

Operation Lookout
National Center for Missing Youth
P.O. Box 231
Mountlake Terrace, WA 98043
206/771-7335
800/782-7335 (toll-free nationwide)

Wyoming

Wyoming Office of the Attorney General
Division of Criminal Investigation
316 West 22nd
Cheyenne, WY 82002
307/777-7537

RAPE

STANDARDS SUMMARY

K - 1 and 2 - 3

Rape information should not be taught to young children because of the sexual subject matter involved. In addition, the possibility of instilling fear is great, since their cognitive and emotional development is not mature enough to handle the information. However, lessons could cover appropriate versus inappropriate touch and building self-esteem.

4 - 6 and 7 - 8

- Students should know the definition of acquaintance rape, including the nature of the act, its prevalence and impact.
- Students should know the importance of the cultural influences of sex role socialization and attitudes and beliefs about rape.
- Students should understand the importance of communication in avoiding sexual assault.
- Students should know the rights and responsibilities of individuals regarding sexual activities.
- Students should understand the positive and negative effects of peer pressure in relationship to sexual activity.

9 - 12

All of the above, with more information and advanced strategies.

OVERVIEW

When dealing with the topic of rape within a population of students, a confusing picture emerges. Rape of young children is often included with child sexual abuse statistics, so it is difficult to estimate the incidence of rape alone. Furthermore, the nature of the offense, age of the victims, and a tendency not to report this crime also serve to confuse the issue, so that the actual number of children and adolescents who are raped cannot be determined.

The picture of rape is further complicated by the relative absence of research on male victims. This has given the impression that male victimization is rare. In fact, some state statutes describe the victim of rape in only female terms, thus ignoring the possibility of male reporting of this offense. Although the recognition of male rape victimization is becoming more acknowledged, the separating out of the specific act of rape is rare. Most victimization is termed simply as sexual abuse.[1]

However, retrospective reports of adult victims indicate the scope of victimization. In a

study of almost 1,000 adult women, 38 percent reported at least one experience of sexual abuse by either a relative or non-relative before age 18, and 28 percent before age 14.[2] Similar results are reported elsewhere.[3] A national survey of more than 11,000 eighth- and tenth-graders revealed that nearly one in five girls (18 percent) reported attempted forced sex during the previous year.[4] In most cases, rape is committed by someone known to the victim.

Rape may be one of the most serious problems facing young people today. Adolescents are disproportionately represented in the area of sexual assault as victims and victimizers. Research indicates that most of the victims in rapes reported to police are adolescent females.[5] (However, it must be emphasized again that boys can also be victims of rape.) Another study showed that nearly 10 percent of adolescent females had experienced at least one sexual assault in the year prior to the study.[6] It was also discovered that revictimization is commonly experienced by more than a third of all victims. Hence, the risk of being revictimized increases greatly after once having been victimized. The greatest risk for adolescent girls appears to be in a social relationship at the hands of a boyfriend or date.

Data reveal that adolescent rape or attempted rape has far- reaching negative consequences for adult social adjustment and psychosexual behavior.[7] Adolescent reactions to rape seem to intensify with time, with a long period of suppression followed by intensification of the symptoms.

The developmental tasks associated with adolescence complicate recovery. Victims report fearing the loss of independence and being concerned about the impact of the rape on peer relationships.[8] In many cases, adolescents develop phobias, psychosomatic complaints, insomnia and depression.[9] More than 50 percent of adolescent rape victims sustained psychological symptoms related to the rape.[10] Within this group, 58 percent of the victims internalized the rape and experienced regressive behavior and guilt as well as the problems reported above. The remaining victims externalized the rape, which was manifested in acting-out behavior, including running away from home, truancy, fights with friends and family, rebellion, drug and alcohol abuse, and prostitution.

Although the modern-day statistics are shocking, sexual exploitation and the abuse of children and adolescents has an ancient history. Greek literature told of the god Zeus whose insatiable sexual appetites led him to serial rapes of children. Europa, herself one of his victims, gave birth to Persophone, who in turn was raped by Zeus. Ancient civilizations recorded numerous accounts of sexual activity between adults and children as part of religious initiation rites.[11] The Old Testament includes examples of child sexual abuse as we know it today. Children were bought and sold as prostitutes, and incest was commonly practiced in several cultures.

Children were considered to have no independent status or rights in ancient times — in fact,

they were considered the property of their parents — and this contributed to abuse. Before birth control, children were often seen as liabilities because of the economic drain they placed on the family. This was true especially of female children. Various forms of exploitation, such as prostitution, were often practiced as financial supplement for the family.

Sensitivity to children's needs was initiated only in the late 1800s. It was not until the 1950s and early 1960s that people began to focus on child abuse. In the mid-1970s, child sexual abuse emerged from the shadows, and professionals began to be concerned. Now all forms of child sexual abuse, including date/acquaintance rape, are recognized as major problems for our young people, both male and female.

Endnotes

1. Frank G. Bolton, Jr., Larry A. Morris, and Ann E. MacEachron, *Males at Risk: The Other Side of Child Sexual Abuse* (Newbury Park, CA: Sage Publications, 1989).
2. D. Russell, "Incidence and prevalence of intrafamilial and extrafamilial sexual abuse of female children," *Child Abuse and Neglect* 7 (1983):133-146.
3. D. Finkelhor, *Child Sexual Abuse: New Theory and Research* (New York: Free Press, 1984).
4. American Alliance for Health, Physical Education, Recreation and Dance, *National Adolescent Student Health Survey* (Reston, VA: American Alliance for Health, Physical Education, Recreation and Dance, Fall 1987).
5. S. Katz and M.A. Mazur, *Understanding the Rape Victim: A Synthesis of Research Findings* (New York: John Wiley, 1979).
6. Suzanne S. Ageton, *Sexual Assault Among Adolescents* (Lexington, MA: Lexington Books, 1983).
7. M. Felice, J. Grant, B. Reynolds, S. Gold, M. Wyatt, and P.F. Heald, "Follow-up observations of adolescent rape victims," *Clinical Pediatrics* 17, 4 (1978):311-315.
8. Emeline Otey, "Adolescent Victims of Rape," *Response to Violence in the Family and Sexual Assault* 6, 3 (1983):7-8.
9. Felice, et al.
10. C.M. Bach and S.C. Anderson, "Adolescent sexual abuse and assault," *Journal of Current Adolescent Medicine* 2, 1 (1980):10-15.
11. Diane H. Schetky and Arthur H. Green, *Child Sexual Abuse: A Handbook for Health Care and Legal Professionals* (New York: Brunner/Mazel, 1988).

CURRICULUM STANDARDS

K - 1 and 2 - 3

Rape information should not be taught to young children because of the sexual subject matter involved. In addition, the possibility of instilling fear is great, since their cognitive and emotional development is not mature enough to handle the information. However, lessons could cover

appropriate versus inappropriate touch and building self-esteem.

4 - 6 and 7 - 8

STANDARD: Students should know the definition of acquaintance rape, including the nature of the act, its prevalence and impact.

Biological changes stimulate interest in sex among 10- to 13-year-olds. At the same time, the transition from homosocial to heterosocial interests begins, and some dating may be initiated. An increase in unsupervised time, combined with developing erotic impulses and interest in the opposite sex, may lead to sexual exploration. Students should become more aware of their own vulnerability to becoming victims or victimizers.

STRATEGIES:

1.) Define and distinguish stranger rape from date/acquaintance rape.

2.) Discuss the nature of date/acquaintance rape, including the information that it is perpetrated by someone you know, happens in a social situation and is harmful.

3.) Show the film "The Party" and follow the discussion guide provided by the producers.

4.) Present the prevalence of rape, including information on the rape of males.

5.) Discuss the impact of rape on psychological, social and academic functioning.

6.) Have a rape crisis center do a program on local statistics and situations. Provide information on community resources, since some students may already have been victimized and will come forward.

7.) Ask the class to identify high-risk activities for their age group. Discuss strategies for avoiding such situations. Insure that no victim blaming occurs.

STANDARD: Students should know the importance of the cultural influences of sex role socialization and attitudes and beliefs about rape.

Increased interest in the way to behave in heterosocial activities often occurs during preadolescence. Individuals are pressured to develop stereotypical ideas of sex roles along traditional lines. Many experts consider traditional gender roles as contributory to rape, since the cultural model of male dominance and female submission creates a power imbalance that is conducive to sexual aggression.

The culture also encourages a rape mythology which denies that rape exists, blames the victim and excuses the victimizer. Belief in such myths has been found to occur in the absence of valid information and to be more strongly held by males than females.

STRATEGIES:

1.) Define sex roles and describe the socialization process.

2.) Ask students to identify male and female sex roles in our society. Each student should name four characteristics of males and females. List these on the board.

3.) Explain how traditional sex roles influence the occurrence of date/acquaintance rape through power imbalance.

4.) Discuss the myths about rape such as, "Rapists are strangers," "She was asking for it" and "All women want to be raped." Explain how myths influence female sexuality, make women and men vulnerable, and condone rape. Avoid victim blaming by students.

STANDARD: Students should understand the importance of communication in avoiding sexual assault.

Communication between the sexes is often the result of sex role socialization. Traditionally, males are less communicative and follow the role model of the strong, silent type. Females are considered more verbal and expressive, yet are conditioned to verbalize only positive statements. Both males and females are culturally limited in this content of expression.

Communication is not only verbal but non-verbal as well. Adolescents send strong non-verbal messages about their sexuality, which may be in conflict with their verbal messages and which can contribute to sexual assault.

STRATEGIES:

1.) Define communication.

2.) Demonstrate non-verbal communication.

3.) Role play double messages. Process problems in interpreting meaning and discuss.

4.) Illustrate active listening.

5.) Have students role play active listening skills.

6.) Illustrate the principles of assertive communication.

7.) Lead a discussion on the principles of assertiveness.

8.) Have students describe three statements illustrating assertive, passive and aggressive communication.

9.) Have students role play passive, assertive and aggressive communication. Process how each felt in the role of sender and receiver.

10.) Discuss the importance of good communication in interpersonal relationships. Explain the personal consequences of poor communication patterns.

11.) Have class list the ways in which poor communication can impact on sexual behavior on a date.

12.) Describe how communication skills can be used to extricate oneself from a situation without alienating, insulting or angering the other person. Illustrate refusal skills.

13.) Have the class role play ways to turn down a date without hurting the other person's feelings.

STANDARD: Students should know the rights and responsibilities of individuals regarding sexual activities.

Traditionally, girls have been the designated gatekeepers who set the limits on sexual behavior. In most cases, males have the role of initiating sexual activity, and females have the role of the recipient. This places the responsibility for outcomes on the girl. Many consider male sexual aggression an expected part of the dating scene. It is necessary to develop an awareness of personal rights and responsibilities regarding sexual behavior.

STRATEGIES:

1.) Explore the rights of each individual, including males, to say "no" to sexual activity.

2.) Discuss the importance of consent in sexual activity.

3.) Assign a series of stories depicting a couple having consensual sex, mutual agreement not to have sex, and forced sex. Have the students assign responsibility to either the boy or the girl for what happened. Discuss how the first couple arrived at their decision to have consensual sex, and how the second couple decided not to have sex. Discuss the dynamics of the coercive story. Who was responsible? Explore what myths may have been at work. Avoid victim blaming. Explore what factors were important in the decisions and what alternatives were available.

4.) Emphasize the concept of misuse of power as a way of coercive manipulation in sexual exploration activities.

5.) Explore the ways in which people are manipulated or forced into doing things they don't want to.

6.) Show the film "The Date." Process with the class.

7.) Explain the importance of personal values with regard to sexual activity. Discuss the factors involved in arriving at a personal sexual value system, including culture, parents, religion, the media, personal experience and peers.

8.) Ask students to write an essay on their own personal value system regarding sexual activity. This should include the factors involved as well as role models used for development of the system.

9.) Role play ways in which the individual can express his or her rights according to the individual's value system using communication skills.

STANDARD: Students should understand the positive and negative effects of peer pressure in relationship to sexual activity.

Belonging to a group and acceptance by others are especially important to pre-adolescents. Membership in a peer group reinforces traditional sex roles, making it difficult for the student to act independently as an individual when the group has definite ideas about approved sexual activities.

STRATEGIES:

1.) Discuss the importance of belonging to a group.

2.) Ask students to list advantages of being in a group and then ask them to contrast the disadvantages.

3.) Explain how a group influences behaviors.

4.) Ask the group to give examples of situations they have been in when peer pressure has been applied. Discuss how the pressure was applied and explore feelings.

5.) Ask class to role play pressuring a peer to have a beer at a party. Switch roles. Have students role play turning down a beer at the same party. What are the issues? How did it feel to be in a role of the pressurer? How did it feel to be the one pressured?

6.) Discuss how peer pressure can influence sexual coercion.

7.) Show the film "Just One of the Boys." Ask the students to list the ways the group pressure was applied. Discuss alternatives. Follow the program guide.

8.) Discuss how peer pressure can be used positively.

9 - 12

STANDARD: Students should understand the definition of acquaintance rape, including the nature of the act, its prevalence and impact.

As expectations of social interaction increase during the adolescent developmental process, additional pressures regarding sexual activity are common. Clear information about sexual interactions is seldom discussed with teens. It is the one area that is learned but never taught.

STRATEGIES:

1.) Provide information about rape according to the legal definition. Compare this with the social definition.

2.) Differentiate stranger rape from date/acquaintance rape by explaining the features of each.

3.) Ask the class to write down three words associated both with stranger and date/acquaintance rape. Use the board to generate discussion. Elicit comments about the differences and similarities between the two.

4.) Differentiate among sexual exploration, seduction, exploitation, coercion and rape. Give examples of each. Focus on the features of date/acquaintance rape.

5.) Emphasize what constitutes date/acquaintance rape.

6.) Show the film "Date Rape." Discuss how this attack differs from an attack by a stranger. What factors are present in the acquaintance rape that are not present in the stranger rape?

7.) Discuss rape statistics, the reliability of reporting, why reporting is so difficult, age and vulnerability.

8.) Have a rape crisis center do a program on local statistics and situations.

9.) Discuss the impact of rape on psychological, social and academic functioning. Offer community resources since some students may already have been victimized and will come forward for assistance.

10.) Discuss the impact of alcohol and drug abuse on the rate of victimization. Explore how drinking affects sexual behavior.

11.) Ask the class to identify high-risk activities for their age group. Discuss strategies for avoiding such situations. Insure that no victim blaming occurs.

STANDARD: Students should understand the importance of the cultural influences of sex role socialization and attitudes and beliefs about rape.

Adolescence is a time of strict adherence to traditional sex roles. Stereotypical attitudes and behaviors are reinforced by the culture, family and friends. Adolescents view heterosexual relationships as unequal and expect the male to be dominant, active and sexually aggressive. Males traditionally view sex and love as separate. The female is viewed as passive and disinterested in sex except as part of romantic love.

Current dating and courtship patterns are considered as contributing to rape. K. Weiss and S.S. Borges, in a 1973 article in *Issues in Criminology*, wrote:

> The dating system can easily lead to rape. It places actors with highly socialized but differing expectations into a socially approved but ambiguous situation in which there is maximum privacy. It is likely that adolescents enter a dating relationship with the expectation that the male will be the aggressor and the female the resister. This may set the stage for sexual aggression.

The culture also creates a rape mythology which denies that rape exists, blames the victim and excuses the victimizer. Belief in rape myths has been found to occur in the absence of valid information and to be more strongly held by males than females. The transmission by society of a body of adversarial beliefs about the relationship between the sexes also increases tension and distrust between males and females. Relationships are often seen as contests in which there are

winners and losers. This especially pertains to sexual interactions.

STRATEGIES:

1.) Define "sex role." Explain the process of socialization. Discuss the importance of sex role as part of the identity of the individual. Explain how sex roles can impact relationships.

2.) Define "stereotype" and give examples.

3.) Have each student write down five stereotypic character- istics associated with males and females. Write them on the board to generate discussion. Have students identify how each characteristic is socialized and reinforced. Have students write down five advantages and disadvantages of being their sex. Discuss.

4.) Explain how sex roles influence sexual aggression and submission.

5.) Assign students to view television programs for the purpose of identifying how the sexes are presented with regard to roles. Ask the students to analyze how particular sex roles affect sexual expectation and behaviors.

6.) Explain how people are limited in behaviors by rigid sex roles.

7.) Explain how men and women can reach full potential only by incorporating both male and female qualities.

8.) Show the slide presentation "Still Killing Us Softly: Advertising's Image of Women."

9.) Define "myth" and discuss the commonly held rape myths prevalent in our culture. Explain how rape myths originated, the function they serve, and the possible consequences of rape myths.

10.) Ask the class to write an essay on how traditional sex role socialization may influence myth acceptance. Have them illustrate this by using particular myths.

11.) Define adversarial beliefs and illustrate how they can influence relationships between the sexes.

12.) Assign essay on adversarial beliefs. Have students present how these beliefs are perpetuated, by whom, and how they have been personally affected by these beliefs.

STANDARD: Students should understand the importance of communication in avoiding sexual assault.

Communication between the sexes is often based on well- socialized behavior. Females are reluctant to say "no" in some situations for fear of offending someone. Males often are misinformed because of their fear that if they ask questions they will appear naive.

Individuals communicate not only verbally but non-verbally as well. Adolescents send strong non-verbal messages about their sexuality, which may be in conflict with their verbal messages and which can contribute to sexual assault. Students need to be aware of their non-verbal

signals, including choice of clothing, tone of voice, gestures, eye contact and touching. Instruction in active listening and assertive communication can decrease misunderstanding and mixed messages. The pattern of indirect communication between males and females can lead to dangerous consequences.

STRATEGIES:

1.) Define communication.

2.) Illustrate active listening.

3.) Have students role play active listening.

4.) Illustrate the principles of assertive communication.

5.) Explain the benefits of assertiveness and the drawbacks of aggression and passiveness.

6.) Have students describe five statements that illustrate assertive, passive and aggressive behavior. Use the chalkboard to reinforce participation.

7.) Have students role play passive, assertive and aggressive behavior in a dating situation. Process how each student felt as both sender and receiver.

8.) Demonstrate non-verbal communication.

9.) Have students role play a situation in which double messages are caused by the inconsistency between verbal and non-verbal communication regarding sexual intentions. Process.

10.) Ask class to list three ways poor communication can lead to rape.

11.) Have students role play ways to turn down a date without hurting the other person's feelings. Process how using refusal skills can prevent unpleasant or dangerous situations.

12.) Have students role play discussing the level of sexual intimacy desired.

13.) Show the film "End of the Road." Process with the class.

STANDARD: Students should understand the responsibilities and rights of individuals regarding sexual activities.

According to "Becoming Sexual in Adolescence," a chapter by Gail L. Zellman and Jacqueline D. Goodchilds that appeared in the book *Changing Boundaries*, data on teenagers indicate that both males and females believe girls share some of the blame when forced sex occurs. They also agree that females are responsible for controlling sexual behavior, even when force is used. The belief that rape is justifiable under certain circumstances has widespread acceptance among adolescents and sexual aggression is an expected part of the dating scene.

STRATEGIES:

1.) Discuss personal sexual rights such as the right to ask, the right to refuse, the right not to satisfy the other person's needs, and the right to change one's mind.

2.) Discuss personal responsibilities to communicate sexual limits, refrain from force, etc.

3.) Have students role play situations in which the individual communicates sexual limits, gains verbal consent to engage in sex, and changes his or her mind regarding sex after intimacy has been initiated. Process feelings.

4.) Discuss the concept of entitlement and how that relates to rape. Illustrate rape justification beliefs.

5.) Show the film "Date Rape." Process with the class.

STANDARD: Students should understand the positive and negative effects of peer pressure in relationship to sexual activity.

Peer group *membership* and *influence* remain extremely important factors throughout the teen years. The peer group reinforces traditional gender roles and sexual scripts that make it difficult for the student to act independently when he or she is in conflict with the group. The male's role as the initiator of sex and the female's role as the receiver predominates. In fact, pressured sex is a common feature of dating and courtship. Group pressure for males to "score" is comparable with the pressure for females to appear disinterested in sex. For both sexes, group pressure to deny personal preference and adhere to the group's expectation is strong.

STRATEGIES:

1.) Ask the class to define peer pressure.

2.) Explain the dynamics of peer pressure.

3.) Have the students write an essay describing an incident in which peer pressure influenced a personal decision. Students should address the feelings experienced before and after the decision. In addition, an evaluation of the personal benefit or detriment that resulted should be included.

4.) Review the rights of the individual and relate them to peer pressure.

5.) Explore the rights of males and females to say no to sex.

6.) Have students list factors important in developing a decision regarding sexual activity. Include the importance of the culture, parental values, religious beliefs, personal values, experience and peers.

7.) Show the film "Just One of the Boys." Discuss the influence of peer pressure. Follow the film manual.

8.) Teach coping skills to resist peer pressure.

9.) Have students role play potential conflict situations in which the individuals do not want to follow the group with regard to sexual activity. Process the exercise.

10.) Explain how peer pressure can be used positively.

RESOURCES

Publications

Adams, Caren; Fay, Jennifer; and Loreen-Martin, Jan. *No Is Not Enough: Helping Teenagers Avoid Sexual Assault.* San Ramon, CA: Impact Publishers, 1984.

Benedict, Helen. *Safe, Strong and Streetwise: The Teenager's Guide to Preventing Sexual Assault.* Boston, MA: Little, Brown & Co., 1987.

Crewdson, John. *By Silence Betrayed: Sexual Abuse of Children In America.* Boston, MA: Little, Brown & Co., 1988.

Fortune, Marie M. *Sexual Abuse Prevention: A Study for Teenagers.* New York: United Church Press, 1979.

Landau, Ealine. *The Teen Guide to Dating.* New York: Messner, 1980.

Audio-visual

Acquaintance Rape Prevention Series. Four films—"The Party," "Just One of the Boys," "End of the Road," and "The Date" — examine date rape, gang rape and acquaintance rape. Series is appropriate for teenage audience. Study guide included. SELECT Media, 74 Varick St. #305, New York, NY 10013, 212/431-8923. $535 — whole series; $150 cash each tape.

Casting Shadows. University of Florida, Student Health Service, Infirmary Building, #230, Gainesville, FL 32611, 904/392-1161 Attn.: Betty Davis. $285 — Purchase.

Still Killing Us Softly: Advertising's Image of Women. Jean Kilbourne. Cambridge Documentary Films, Inc., P.O. Box 385, Cambridge, MA 02139, 617/354-3677. $46 — one day rental. Call for purchase prices. Film & video available.

RUNAWAYS

STANDARDS SUMMARY

K - 1, 2 - 3 and 4 - 6

- Students should understand that running away from problems at home only leads to greater problems. They also should know about other ways to get help.

7 - 8

- Students should understand that teenagers run away from home, or are pushed out of their homes, in response to family conflict or abuse—and very rarely for adventure-seeking.
- Students should know what resources exist for them if they are tempted to, or in fact do, leave home.

9 - 12

All of the above, plus:

- Students should know that youths who run away or are pushed to the street are in grave peril of becoming victims of crime, sexual exploitation and further abuse.

OVERVIEW

The image of teenagers making their own way outside the home is deeply rooted in the American experience. In colonial times, parents often placed their children in apprenticeships or in factories as their teenage years approached.[1] Only the gradual development of compulsory education and the decline of child labor in the middle and late 19th century made it "normal" for teenagers to remain at home and dependent on their parents.[2] "Adolescence" was emerging as a distinct stage of life, a necessary preparation for adulthood in a more complex industrialized world.

By the late 19th century, teenagers who willingly or unwillingly found themselves outside the home began to appear abnormal, threatening, even criminal. Although Mark Twain's Huckleberry Finn ran away from a drunken, murderous father, society regarded him as little better than the escaped slave with whom he traveled. By the turn of the century, juvenile courts were being established throughout the country with the power to apprehend, return and even imprison children who ran away from their parents — long before state laws developed to shield children from parental abuse and neglect. Until very recently, mental health professionals focused on internal psychological factors that prompted teenagers to run, describing runaways as suffering from a "behavioral disorder" dubbed the "runaway reaction."[3]

Along with massive social changes in other areas, the 1960s and early 1970s brought a radical shift in attitudes toward runaways. Many professionals and scholars began to consider running away as a healthy expression of independence from parental and social controls. Laws permitting the secure detention of runaway minors lost their legitimacy, especially after revelations of widespread cruelty and mismanagement in state reformatories. In 1974 Congress enacted the Juvenile Justice and Delinquency Prevention Act (JJDPA), which dramatically illustrated the new legal climate: State juvenile justice programs were funded if and only if secure detention of runaways and other status offenders was brought to a gradual end.[4] Furthermore, Title III of JJDPA, separately labeled the Runaway Youth Act, authorized small but badly needed funding for local programs that provide direct care for runaways.[5]

Over the next decade, however, this new approach faced its own credibility crisis. From the late 1960s the number of teenagers leaving home for the street rose steeply, and by 1975 a national survey found that every year 633,000 youths under age 18 left home without parental permission for at least one night.[6] From 1975 to 1988, when the most recent national survey was conducted, the number of runaways does not appear to have increased. The National Incidence Studies of Missing, Abducted, Runaway and Thrownaway Children (NISMART), which used very similar definitions and similar methodology to the 1975 survey, found that 446,700 children had left home without parental permission for at least one night in 1988. Another estimated 12,800 children ran away from juvenile facilities, bringing the total estimated number of runaways in 1988 to 450,700.[7]

Strong increases in community-based services were supposed to accompany the end of secure detention for status offenders, but in fact those increases never materialized. Because of the minimal options available to youths on the street, many were forced to engage in illegal activities, ranging from petty crime to prostitution to pornography, in order to survive. In one study, for example, 30 percent of teenage status offenders admitted involvement in prostitution and 15 percent in pornography.[8] Another longitudinal study concluded that even one-time runaways were far more likely than their non-runaway siblings to experience serious difficulties in later life.[9]

In the late 1970s and 1980s, this greater understanding of the grim environment awaiting youths on the street was supplemented by a fuller appreciation of the dysfunctional families they left behind. Most runaways who reach youth shelters have experienced serious physical or sexual abuse prior to leaving home.[10] They are far more likely than other children to have lived in single-parent and reconstituted families, to have had parents with criminal or substance abuse histories, and to have been forced to move very frequently.[11] One major study found, in fact, that most youths under 18 in crisis shelters effectively consider themselves homeless youths as opposed to runaways, in that they do not feel they can return home.[12] In 1980 Congress

changed the name of the Runaway Youth Act to the "Runaway *and Homeless Youth* Act" in recognition of this harsh new reality.[13]

Thus, the benign '60s portrait of runaways as healthy adventurers was shattered in the 1980s. Yet it is far from certain that these children's needs will be effectively addressed in the future. Federally funded runaway programs provide space for about 70,000 youths each year, a small fraction of those needing help. One comprehensive survey found that thousands of children are actually turned away from runaway programs every year for lack of space or appropriate program resources.[14] However, recent calls for a return to secure detention of runaways have generally been ignored by the states, and community-based services remain the most common and accepted means of addressing their needs.

What should such services include? Crisis shelter and basic care are, of course, the most immediate need of minors outside the home, and the runaway-shelter system has typically given first priority to providing these crucial services. Individual and family counseling, medical care, legal services, education/vocational services and transitional living programs are also of proven value. More recently it has become clear that runaway programs must address directly the serious threats of drug abuse (especially crack use) and HIV infection among their clients.[15] Those threats make outreach efforts especially crucial — to rescue runaways from the street before they make irrevocable mistakes, and to provide education and hope to hard-core street youth.

For those youth from shattered families who are unable to live independently or receive effective help from the foster care system, imaginative longer-term programming is imperative. Such programming must take into account the fact — too often ignored in efforts to help youth on the street — that their vulnerability and destitution do not magically end at age 18, but often extend into their early 20s. New York's recent amendments to its Runaway and Homeless Youth Act permit transitional services up to age 21. Congress also has amended the federal Runaway and Homeless Youth Act to authorize funding for programs serving homeless youth under age 21.[16] It thus seems reasonable to anticipate similar efforts on behalf of older adolescents in other states.

Endnotes

1. R. Bremner, ed., and John Barnard, Tamara K. Haneven, and Robert M. Mennel, assoc. eds., *Children & Youth in America: A Documentary History*, vol. 1, Cambridge, MA: Harvard University Press, 1970-1974., pp. 103-106, 145-149.
2. Id., pp. 210-228.
3. R. Jenkins and G. Stahle, "The Runaway Reaction: A Case Study," *Journal of the American Academy of Child and Adolescent Psychiatry* 11 (1972):294-313.
4. Public Law 93-415, 88 Stat. 1129 et seq.

5. Id., Title III, codified at 42 U.S.C. §5701 et seq.
6. U.S. Department of Health, Education, and Welfare, Opinion Research Corporation, *National Statistical Survey on Runaway Youth* (Washington, D.C.: Government Printing Office, 1976).
7. David Finkelhor, Gerald Hotaling, and Andrea Sedlak, *Missing, Abducted, Runaway, and Thrownaway Children in America, First Report: Numbers and Characteristics National Incidence Studies* (U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, May 1990).
8. J. Rabun, "Combating Child Pornography and Prostitution: One County's Approach", in *Child Pornography and Sex Rings*, ed. A. Burgess (New York: Garland Press, 1984), pp. 187-200.
9. L. Olson, et al., "Runaway Children Twelve Years Later: A Follow-Up," *Journal of Family Issues* 1 (1980):165-188.
10. D. Shaffer & C. Caton, *Runaway and Homeless Youth in New York City: A Report to the Ittleson Foundation* (1984), p. 55; M. Janus et al., "Physical and Sexual Abuse in Runaway Youth," unpublished presentation to the American Psychological Association meeting, 1988.
11. Shaffer & Caton, supra note 9, p. 42.
12. Id., p. 48.
13. Public Law 96-509, §18, 94 Stat. 2750, 2762.
14. *To Whom Do They Belong: A Profile of America's Runaway and Homeless Youth and the Programs That Help Them* (Washington, D.C.: National Network of Runaway and Youth Services, 1985).
15. Yates, et al., "A Risk Profile Comparison of Runaway and Non-Runaway Youth," *American Journal of Public Health* 78 (1988):820-21.
16. N.Y. Executive Law, §§532 et seq.; 42 U.S.C. §§5714-1, 5714-2.

CURRICULUM STANDARDS

K - 1, 2 - 3 and 4 - 6

Children younger than 12 usually are not mature enough to avoid reaching oversimplified notions of running away as a valid response to abuse or conflict at home, and they would not have the capacity to seek appropriate help if they did run away. However, young children who may be victims of abuse at home *do* need some sense of the alternatives to running away that are available. Approaching this topic obliquely, through the use of fairy tales and with less emphasis on the scary aspects of the real world that awaits runaways, would be appropriate for this age level.

STANDARD: Students should understand that running away from problems at home only leads to greater problems. They also should know about other ways to get help.

Since many young children have not even thought of running away, it's important to address

this issue without putting ideas into their heads or implying that running away is a possible solution to a negative home life. Special emphasis should be placed on *preventive* services available, since those are the ones most likely to be of importance to more students. This information is just as important for young children, who may be victims of abuse at home and need some sense of alternatives, as for teenagers.

Young children should not be overwhelmed with graphic accounts of street life; a simple emphasis on the frightening qualities of life with no protective family nearby should be sufficient to convey the rudiments of this point to them.

If a teacher suspects that a child's family situation may cause the child to run away, he or she should notify the Department of Social Services.

STRATEGIES:

1.) Read the story of *Hansel and Gretel*, then lead a class discussion about what happened to Hansel and Gretel and what might happen to them if they ran away from home.

2.) Point out the differences between the world of the fairy tale (where Hansel and Gretel eventually triumphed over the witch) and the world of today (where the "witches" are harder to kill and where children now have other options: people to talk to, agencies that will help them, etc.)

3.) Lead a class discussion about a friend being so mad at his or her parents that he or she wants to run away. He or she comes to you for advice. What advice can you give? What else could he or she do besides running away? Explore other options, including talking to adults at school (teachers, counselors, etc.) who could help.

7 - 8

STANDARD: Students should understand that teenagers run away from home, or are pushed out of their homes, in response to family conflict or abuse — and rarely for adventure-seeking.

One of the most common myths about runaways, especially among adolescents, is that they are stronger and healthier than their peers in establishing their independence from the authority of their parents, school and local community. The truth, rather, is that they are often refugees from families in which conflict has become intolerable or in which they have suffered serious abuse. They are far more likely than other youth to have attempted suicide and to be clinically depressed. Adolescents should be disabused of myths about running away being a "healthy" part of growing up.

STRATEGIES:

1.) Ask students to list the characteristics of a "typical" runaway, especially their personality

and family background.

2.) Ask the class to discuss or write about incidents in which they, or a friend, considered running away, and explore how they felt at the time.

3.) Invite the director of the local runaway shelter, a youth worker at the shelter, or a member of law enforcement who works with status offenders to visit the class and talk about the reasons young people run away or become homeless.

4.) Have students role play a family crisis that results in threats and running away and/or pushing out.

STANDARD: Students should know what resources exist for them if they are tempted to, or in fact do, leave home.

Just as important as giving young people a realistic appreciation of the dangers of the street is giving them some idea of how to avoid them. A curriculum in this area should include a full discussion of the "safety net" of programs available to children and teenagers who are in trouble at home, at school or on the street.

STRATEGIES:

1.) The best means of conveying useful information about available services is to see them firsthand. Thus instructional activities in this category should include, if possible, a tour of the local runaway shelter and child welfare office, and perhaps a visit to a hospital emergency room for a talk with a pediatrician or adolescent-medicine specialist on staff. A speaker phone call to one of the available hotlines — prearranged, of course, to avoid interfering with the hotline's normal operation — would convey the easy accessibility and referral capacity those hotlines offer.

2.) Classroom discussion about what services the students think *ought* to be available could generate interesting class letters to social service officials and/or legislators.

3.) Law enforcement officers on status-offender duty should be given the opportunity to explain their jobs and try to convince the students that they should not fear seeking help from the police if they find themselves on the street.

9 - 12

All of the above, plus:

STANDARD: Students should know that youths who run away or are pushed to the street are in grave peril of becoming victims of crime, sexual exploitation and further abuse.

The core of any instructional program about runaways, whether it is directed at adults or adolescents, must include a vivid description of the hazards of life on the street. Youth need to

comprehend the empty promises of premature independence; adults need to understand the importance of social change in this area. For youth who later do run away, it is crucial for them to be aware of what to look out for and what to avoid as they seek help. Thus the techniques of drug dealers and pimps should be openly discussed with teenagers, and the facts of adolescent prostitution by *both* males and females should be considered.

Emphasize to students that if they have a friend who is thinking of running away, they should feel free to tell a responsible adult and ask for help. The adult should then alert the Department of Social Services.

STRATEGIES:

1.) Ask students to list all their options on where they would go if they left home, and then test each option for appropriateness and how long they could actually stay there.

2.) Ask students to say what they would do if none of their friends or family would take them in.

3.) Ask students to outline what *illegal* options they have heard of for making money to survive and how teenagers might be recruited for each.

4.) Invite a member of the local vice squad to speak to the class about criminal enterprises that exploit teenagers.

RESOURCES

Publications

To Whom Do They Belong? A Profile of America's Runaway and Homeless Youth and the Programs That Help Them. Washington, D.C.: National Network of Runaway and Youth Services, 1985.

Davidson, Howard, and Loken, Gregory A. *Child Pornography and Prostitution-Background and Legal Analysis.* Arlington, VA: National Center for Missing and Exploited Children, 1987.

Janus, Mark-David; Archambault, F.X.; and Welsh, Lesley. *Physical and Sexual Abuse in Runaway and Homeless Youth.* Presented at the 96th annual convention of the American Psychological Association, Atlanta, GA, August 12, 1988.

Shaffer, David, and Caton, Carol L.M. *Columbia Study on Runaway and Homeless Youth in New York City.* New York: Report to the Ittleson Foundation, 1984.

Wooden, Kenneth. *Weeping in the Playtime of Others: America's Incarcerated Children.* New York: McGraw-Hill, 1976.

Miller, Dorothy, et al. *Runaways — Illegal Aliens in Their Own Land.* New York: Praeger, 1980.

The following are available from Covenant House, 460 W. 41st St., New York, NY 10036, 212/613-0300:

• *National Directory of Hotlines and Crisis Intervention Centers*

1-6	$35.00 Each
7-20	$30.00 Each
20 or more	$25.00 Each

• *Covenant House: Lifeline to the Street*
Father Bruce Ritter (Covenant House, 1988)

Hard-Cover	$16.95
Paperback	$ 7.95

• *Runaways: Coping at Home and On the Street*
Patricia Connors (The Rosen Publishing Group, 1989)

Hard-cover	$12.95

• *It Only Hurts When I Grow*
Father Kevin Kenney (Paulist Press, 1988)

Paperback	$ 3.95

• *Sometimes God Has A Child's Face: The Story of America's Exploited Street Kids*
Father Bruce Ritter (Covenant House, 1988)

Paperback	$ 3.00

• *Developing Programs For Homeless and Runaway Youth*
Wendy B. Naidich and Mary Chisholm

• *Rights of Passage: Developing a Transitional Living Program for Young Adults*
Bruce J. Henry, James White, Rose Gangi, Selena Mendy, Michele Sienkiewicz, Molly Armstrong, James Maclean, and Wendy B. Naidich.

• *Assessing the Needs of Homeless and Runaway Youth*
Wendy Baker and Wendy B. Naidich

• *The Host Homes Model of Temporary Emergency Shelter*
Wendy B. Naidich

Each Manual	$ 8.00
Set of Four	$30.00

• Pamphlets:
For Adolescents: "This Can't Be Normal"
For Parents: "Your Love is Your Child's Lifeline"

1-10	$.50 Each	10 for $5
11-100	$.40 Each	100 for $40
101-1000	$.30 Each	1,000 for $300

• "Life on the Street Is A Dead-End" Posters

1	Free
2+	$.50 Each

• Nineline Bumper Stickers

1	Free
2+	$.25 Each

• <u>SHIPPING AND HANDLING</u>

For National Directory	$4 per book
For Other Publications	
Purchase of under $10.00	$1
Purchase of $10.00-$29.99	$3
Purchase of $30.00-$99.99	$6
Purchase of more than $100	$10

<u>24-Hour Hotlines</u>

AIDS Hotline (U.S. Public Health Service) 800/342-AIDS

Alcoholics Anonymous/Alanon/Alateen 800/252-6465

Child Help USA (Child Abuse Hotline) 800/422-4453

Covenant House Nineline 800/999-9999

Hit Home National Runaway Hotline 800/448-4663

National Center for Missing & Exploited Children 800/843-5678

National Council on Chid Abuse & Family Violence 800/222-2000

National Domestic Violence Hotline (Shelter Aid) 800/333-7233

National Runaway Switchboard 800/621-4000

Other Hotlines

National Gay and Lesbian Crisis Line/AIDS 800/767-4297 5-10 p.m. M-F, 1-5 p.m. Sundays.

SEXUALLY TRANSMITTED DISEASES

STANDARDS SUMMARY

K - 1 and 2 - 3

- Students should know the basic facts about AIDS.

4 - 6

- Students should be aware of the myths about how people get AIDS and who gets AIDS, and should know basic information about HIV transmission and prevention.
- Students should know that STDs are a possible consequence of sexual activity.

7 - 8

- Students should know that STDs are a possible consequence of sexual activity, and should know the symptoms, treatment and prevention of STDs.
- Students should be aware of responsible sexual behavior and informed decision-making as they relate to STDs.
- Students should know basic information about AIDS, including its definition, cause and transmission. They should also know what activities place them at-risk for AIDS.

9 - 12

- Students should know the basic facts about the STD epidemic, including the ways in which STDs are spread, the common symptoms, and how they can be treated.
- Students should know effective methods of prevention or risk reduction for STDs.
- Teens should know communication and decision-making skills for negotiating abstinence and safer sex practices.
- Teens should know what to do in case they suspect they have been infected with an STD.
- Students should have accurate information about transmission and prevention of HIV infection. They should also be aware of the issues that the disease poses for society, such as the importance of opposing prejudice and discrimination.

OVERVIEW

Sexually transmitted diseases (STDs) are among the most common infectious diseases in the United States, threatening and often devastating the physical and emotional health of millions of Americans, especially adolescents and young adults. Currently, an estimated 13 to 14 million new cases occur in this country each year.[1] Sixty-five percent of all STDs occur among indi-

viduals who are younger than 25, and nearly one-third of all STDs involves adolescents.[2] One in seven adolescents will experience a sexually transmitted disease each year.

For many years, public health specialists, health care professionals and educators spoke only of a handful of sexually transmitted diseases — formerly known as "venereal disease" or "VD" — and focused their efforts primarily on syphilis and gonorrhea. Major shifts in thinking and advances in medical knowledge occurred during the 1970s and early 1980s, however, and today at least 32 organisms and 26 different syndromes are recognized as sexually transmissible.

These diseases have become more prevalent, more diverse, more talked about and, in some cases, more resistant to treatment than they were in the past. A wide range of sequelae, many of which are quite serious, can be associated with untreated STDs. Each year, more than one million women (20 percent of whom are adolescents) will experience diseases leading to pelvic inflammatory disease — a serious condition causing chronic pelvic pain, infertility or ectopic pregnancy (which can be life-threatening to the mother if not detected early).[3] Of these one million women, approximately 300,000 will require hospitalization, 150,000 will require major surgery and 1,500 will die. And each year, as many as 400,000 infants will suffer the consequences of infection with an STD. Some will be successfully treated; others will die. In addition, seven varieties of cancer have been linked to sexually transmitted disease.[4]

Furthermore, STDs pose an increasing economic burden: The costs associated with the consequences of sexually transmitted disease are estimated to exceed $4 billion annually, according to studies from the National Academy of Sciences and the Institute of Health Policy. Costs associated with pelvic inflammatory disease alone are estimated at $2.6 billion per year.

Sexually transmitted diseases know no boundaries of race, gender, sexual orientation, class, age or geography. Any sexually active individual can become infected with STDs, as can children born to infected mothers. While the sexually active population at risk for STDs has grown over the past two decades, our culture's knowledge of sexuality, sexual communication skill levels, and particularly knowledge of STDs, has not. People, especially young people, often transmit disease because they lack the information and the resources to prevent or control it. Now, more urgently than ever before, we must meet the challenge of providing comprehensive, understandable and captivating information to the younger members of our society.

Disease rates have increased alarmingly over the past several years, even for the bacterial STDs for which treatment is widely available, such as syphilis. Left untreated, syphilis can be a seriously debilitating disease, leading to blindness; damage to the heart, brain and nervous system; and even death. Untreated mothers can give birth to infected babies, who may experience mental retardation, meningitis or various congenital malformations. Infectious syphilis has continued to increase in unprecedented numbers since the advent of penicillin therapy.[5] For women, the incidence of syphilis has increased by as much as 60 to 75 percent in the major

reporting centers of the country. In addition, cases of congenital syphilis among infants have been steadily increasing since 1980, and recent sharp increases in the incidence among women do not bode well for this situation.

A decline in the reported cases of gonorrhea was reversed in 1989 for the first time in four years. The number of estimated cases is approaching 800,000 a year.[6] Furthermore, antibiotic-resistant gonococcus strains have increased markedly in this country, nearly doubling over each of the past few years. Untreated, the bacteria can spread throughout the bloodstream, causing damage to the heart valves, brain and joints. A common consequence of untreated gonorrhea for women is pelvic inflammatory disease.[7]

Genital herpes, an incurable but treatable viral condition infecting one in six individuals in this country, is estimated at 200,000 to 500,000 new cases each year.[8] Herpes has increased dramatically over recent years: Counts of patient consultation with private physicians indicate a thirteenfold increase between 1966 and 1987.[9] Mothers with unknown herpes infections are capable of infecting their newborns — infection that can lead to permanent brain or eye damage, even death.

The fastest-growing STD in this country is genital warts (condylomata acuminata), caused by the human papillomavirus (HPV). Cases of genital warts have increased dramatically in the last two decades: from just under 200,000 in 1966 to almost 2 million in 1988.[10] The condition can be difficult to treat and, like herpes, can recur frequently, adding to the psychological burden of the infected individual. It is estimated that more than 2 million cases occur each year, primarily affecting young adults and adolescents. Untreated mothers may experience enlarged lesions during pregnancy, complicating delivery and possibly infecting the newborn. HPV infection has clearly been implicated in the development of cervical cancer, estimated to cause as many as 8,000 fatalities among American women each year.

Chlamydial infection, caused by the bacterial organism chlamydia trachomatis, is the most common and widespread of all STDs. It is estimated to affect at least 4 million individuals each year,[11] hitting adolescents and young adults particularly hard. Studies have suggested that prevalence ranges from 10 percent to 30 percent among sexually active adolescent women in this country. Sometimes called the "silent STD," chlamydial infection is often symptomless, especially for females of whom approximately 75 percent remain asymptomatic.[12] Diagnosis often is made only after appearance of symptoms or complications of PID. Conjunctivitis and pneumonia are possible complications for newborns or mothers with untreated chlamydial infection.

The challenge to health educators is clear. We must inform young people about a large and complex collection of diseases, diseases that are physically and emotionally damaging and currently involve more than 2.5 million adolescents. And with the arrival of Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS), the picture has

become even more difficult. We are forced to find ways to confront unprecedented issues of social stigma, prejudice and discrimination, human suffering and mortality.

HIV infection poses a double threat to adolescents in that it is linked to two risk-taking behaviors which young people frequently experiment with: sex and drugs, often in combination. In fact, experts suggest that an increased use of cocaine in the form of "crack" and the trading of sex for the drug has significantly contributed to recent rises in STDs among adolescents. Furthermore, because few adolescents have yet become sick with AIDS, it remains an invisible threat for them, a threat typically ignored or dismissed by members of this age group.

Although AIDS cases reported among adolescents do remain low, a large proportion (18,209 or 21 percent of all AIDS cases) are reported among persons 20 to 29 years old. Since we know that the incubation period (time from infection with HIV to expression of clinical disease) averages seven years and can be as long as 10 years, it is logical to conclude that many of these people were infected during middle to late adolescence.

While the challenge is awesome and at times overwhelming, the HIV epidemic offers an unprecedented opportunity for STD educators. With attention focused on the HIV/AIDS issue, Americans are being forced to think about sexual behavior more than ever before. This is clearly an opportunity to extend frank discussion about sexual behaviors to the topic of other sexually transmitted diseases. And with recent evidence of other sexually transmitted diseases (those causing genital ulceration —syphilis, genital herpes, genital warts and chancroid — all of which are on the rise in the U.S.) serving as risk factors for HIV infection, a novel opportunity exists to focus people's attention on the prevention of STDs in general.

For adolescents in particular, this is a unique opportunity and one that we cannot afford to miss. Couching the AIDS prevention message within a general message of STD prevention and control, and emphasizing the link between the two, will be an effective strategy for educating young people. They probably have not yet encountered a friend or family member with HIV infection or AIDS, but *have* known someone who has had — or perhaps themselves have had — a sexually transmitted disease, making it more of a reality. Breaking through this barrier of perceived "immortality" will be critical to the prevention and control of all STDs, including HIV infection, among young people in this country.

The evidence on sexual behavior change among young adults and adolescents in the face of the HIV epidemic is, so far, lacking. Sexual activity has generally increased over the past two decades among youth, with the age of both sexual maturation and first coitus declining with time. Recent data indicate that almost 80 percent of male adolescents and more than 60 percent of females are sexually experienced, and that one-third of those over the age of 15 engage in sexual activity one or more times per week.[12]

Moreover, the 1988 National Adolescent Student Health Survey revealed the extent of young

peoples' gaps in STD knowledge. Researchers found:

- More than 40 percent of those surveyed could not identify common signs/symptoms of STDs.
- More than half believed birth control pills were effective in avoiding STDs.
- Almost 70 percent believed washing after sex was an effective means of avoiding infection with STDs.
- Almost 40 percent reported they did not know where to go for treatment.
- Almost 80 percent believed they needed parental permission to be treated.
- More than 40 percent reported they would be embarrassed to ask a physician what is wrong with them if they were experiencing symptoms.

As the clinical spectrum of STDs and sexual behaviors and attitudes have changed over the past several years, so must our educational methods for teaching young people about STD prevention and control. There is a growing consensus, due in part to the 1986 Surgeon General's Report, which recommended AIDS education beginning at the lowest grade possible. Although the United States has no national policy favoring family-life education in school curricula (unlike most other developed countries), the number of school-based sex education programs has certainly increased over the last several years and the Public Health Service (PHS) continues to support this trend. The PHS's publication of "1990 Objectives for the Nation" includes a national directive that "every junior and senior high school student in the U.S. should receive accurate, timely education about sexually transmitted disease." According to the Guttmacher Institute, as of 1987 more than three-fourths of the nation's schoolchildren who live in major cities receive some form of sex education, typically including STD information, through required courses.

On the local level, there is already some indication that many parents and communities are more amenable to the provision of sex education through the schools (including curricula that are less traditional and more behaviorally oriented) as a result of the HIV epidemic and the grave danger it poses. This growing consensus on the need for sex education in the schools is evidenced by two surveys conducted for Planned Parenthood Federation of America in 1986 and 1988. Eighty-five percent of parents surveyed in 1986 supported sex education in the schools (64 percent agreed strongly and 21 percent agreed somewhat). In 1988, when parents were asked whether they "favored" or "opposed" sex education in the schools, almost 90 percent said that they favored it. In addition, almost 75 percent said that they favored making birth control information and contraceptives available in school-based clinics.

Research has indicated that the most effective messages for young people are ones which allow them to identify with the speaker and that a dialogue format enhances young audience involvement. The greatest degree of compliance will result from information presented within a

positive framework of sexuality, in a manner reflecting respect for young people as intelligent and sexual beings, and offering concrete recommendations for health-preserving behavior.

Endnotes

1. Centers for Disease Control, Division of STD, *Annual Report*, 1989, p. 4.
2. U.S. Department of Health and Human Services, Public Health Service, *An Introduction to STD*, National Institute of Health Publication No. 87-909-A, August 1987.
3. U.S. Department of Health and Human Services, Public Health Service, *Pelvic Inflammatory Disease*, National Institute of Health Publication No. 87-909-F, August 1987.
4. CDC, *Annual Report*, 1989, p. 4.
5. Ibid. p. 4.
6. Ibid. p. 79.
7. Centers for Disease Control, Division of STD, *Annual Report*, 1987, p. 58.
8. CDC, *Annual Report*, 1989, p. 100.
9. Ibid. p. 100.
10. Ibid. p. 98.
11. Ibid. p. 91.
12. Ibid. p. 35.

CURRICULUM STANDARDS

K - 1 and 2 - 3

Decisions about when to teach particular information about STD prevention and treatment are often dictated by adults' need to circumvent difficult material rather than young people's need to know. While cultural norms must be considered, it is perhaps better public health education to consider with more weight the prevention potential of clear information than the need for some adults not to openly discuss topics that they find embarrassing.

Materials should be specifically designed for a particular audience in terms of age and developmental level and with regard to cultural and ethnic background, sexual orientation, prevalence of IV drug use, and levels of sexual activity and literacy.

It is essential that teachers be well-trained in human sexuality and have the skills to teach about STDs in a sensitive manner. Training should include exploration and clarification of their own values about sexuality to enable them to teach without imposing their personal values on students. They will need to work effectively with parents and community groups on the presentation of sensitive information.

STDs are more subject to myth and misinformation than other diseases, because sexual and emotional issues obscure understanding of the diseases themselves. For that reason, STD prevention and transmission curricula must also incorporate material about sexual responsibility and communication between sex partners.

STD education raises issues that are complex, powerful and personal. Programs that encourage examination of these concerns and provide opportunities for questioning and practicing prevention behaviors in simulation will be the most effective in helping adolescents make choices and learn the skills necessary to prevent STD infection.

Young children need help developing a conceptual framework about health and communicable disease that will lead them to a fuller understanding about STDs in the future. Much of the education they need in the early grades is not specific to STDs at all, but addresses broader issues of understanding wellness and illness, communicable diseases and their prevention, and intimacy and sexuality.

STD education programs should be designed to address the needs and the developmental levels of students in the early elementary grades as well as late elementary/middle school through junior and senior high school.

Education about STDs may be most appropriate and effective when carried out within a more comprehensive school health education program that establishes a foundation for understanding the relationships between personal behavior and health. For example, education and STDs may be more effective when students at appropriate ages are more knowledgeable about sexual behavior, personal hygiene and community health. It may also have a greater impact when they have opportunities to develop such qualities as decision-making and communication skills, resistance to persuasion, and a sense of self-efficacy and self-esteem. However, education about AIDS should be provided as early as possible, even if it is taught initially as a separate subject.

Because information for students in the higher grades requires an understanding of basic concepts aimed at students in the lower grades, school staff will need to assure that students understand basic concepts before teaching more advanced information.

What do young children need to know about STDs and AIDS? STDs are an undeniable fact of life like sexuality and death. Responding in a positive and appropriate way to their questions about STDs encourages the development of healthy attitudes about themselves and human intimacy.

STANDARD: Students should know the basic facts about AIDS.

Education about STDs for students in early elementary grades principally should be designed to allay excessive fears of the AIDS epidemic. Children need to understand basic concepts about disease transmission and the effects of the virus on the body's immune system.

Since most children in elementary school are not sexually active, it is unnecessary that they learn the details of STD transmission. However, the initiation of sexual activity will vary according to the setting, and situations in which teachers are aware of sexual activity among elementary students will warrant information specific to the determined need. When a teacher

has determined that elementary students are sexually active, then strategies used for older students will apply, employing adaptations that take into consideration the younger students' developmental capacities for understanding and applying information. Standards will be similar to those for grades 7-8, which take into account students' sexual activity and provide information about STD prevention. Children probably have heard about AIDS, however, and may be scared by it. Much of what they have heard may have been incorrect. To reassure them, make sure they know that they cannot become infected through everyday contact, such as going to school with someone who is infected with HIV. In addition to fears of catching AIDS themselves, children may worry that parents or other adults in their lives will become ill.

STRATEGIES:

1.) Explain that AIDS is a disease which is causing some adults to be very sick, but it does not commonly affect children.

2.) Explain that AIDS is very hard to get. They cannot get it just by being near or touching someone (shaking hands, bumping into in the hall, etc.) who has it.

3.) Correct any notions that people can be infected by touching a doorknob or being bitten by a mosquito.

4.) Urge children to treat people infected with HIV who have AIDS with compassion and understanding.

5.) Reassure children that scientists are working hard to find a way to prevent people from getting AIDS and to cure those who have it.

4 - 6

STANDARD: Students should be aware of the myths about how people get AIDS and who gets AIDS, and they should know basic information about HIV transmission and prevention.

Because of the sensational media treatment of HIV, as well as the real public health problem this viral epidemic poses for all, HIV requires a particular emphasis. The most accurate approach to HIV education, however, is to include it within the context of messages about all STDs. In the case of primary school students, however, AIDS information should be placed in context of communicable disease.

Published materials should use current terminology. For example, in presenting a prevention message about HIV, materials should use "HIV," and "HIV infection." AIDS is the final manifestation of HIV infection.

In discussing transmission of HIV, emphasis should be placed on risk behaviors instead of risk groups. It is specific behaviors with infected individuals that place one at risk of being infected with HIV, not belonging to a particular group of people.

STRATEGIES:

1.) Discuss why AIDS is such a prominent media topic.

2.) Explain that AIDS and other STDs are caused by germs, which are too small to be seen without a microscope.

3.) Explain that HIV can be transmitted through various means. You cannot tell by looking at someone whether he or she is infected.

4.) Stress the fact that many different types of people have STDs — male and female, rich and poor, white and black, Hispanic and Asian, etc.

STANDARD: Students should know that STDs are a possible consequence of sexual activity.

Information on AIDS and STDs would best be integrated into a unit on sexuality. Students do not need specific information on each of the many STDs; rather they need general awareness of this disease as a whole and basic information on the types, symptoms, consequences and prevention of STDs.

STRATEGIES:

1.) Distinguish between healthy concern and unhealthy fear of AIDS. Lessons should emphasize that AIDS is hard to catch, affects few children and is preventable.

2.) Define "STD." They are infections caused by microorganisms that people catch by having sex with a person who has them. "STD" means the same thing as the less accurate and value-laden term "VD."

3.) Emphasize the responsibilities involved if a person contracts an STD. Discuss finding adequate medical treatment and notifying partner(s).

7 - 8

STANDARD: Students should know that STDs are a possible consequence of sexual activity, and should know the symptoms, treatment and prevention of STDs.

Teens need to know a lot more about STDs than do younger children because they are more likely to be sexually active. Teens need to recognize that being involved in a sexual relationship includes the responsibility of knowing what STDs are, how they can be treated, and how to prevent them.

STRATEGIES:

1.) Define what is meant by STDs and identify some of the most common STDs.

2.) Discuss symptoms of infection. Sexually active individuals can be alerted to health problems by understanding five general symptoms: genital discharge, itching, skin changes,

abdominal pain, and painful urination. Explain that many STDs can be asymptomatic and people can unknowingly pass the disease to others.

3.) Explain the consequences of allowing STDs to go untreated. Some STDs, if not cured, can lead to chronic pain, infertility, miscarriage, premature birth, birth defects and death.

4.) Discuss diagnostic and treatment procedures.

5.) Discuss effective ways of reducing one's STD risk, including not having sex, having sex with one other person who only has sex with them, using condoms, and getting regular check-ups.

6.) Discuss that services are available for testing and treatment in the community. Identify local and national sources of information, including hotline numbers.

STANDARD: Students should be aware of responsible sexual behavior and informed decision-making as they relate to STDs.

STRATEGIES:

1.) Discuss the need for communicating with your partner about sexual health. Describe how honesty, commitment, responsibility and abstinence relate to the prevention and treatment of STDs.

2.) Exercises involving simulation or role playing will facilitate discussion about some common emotional reactions to STDs—fear, guilt and embarrassment.

STANDARD: Students should know basic information about AIDS, including its definition, cause and transmission. They should also know what activities place them at risk for AIDS.

As with elementary school children, young teens need to distinguish between the facts and myths surrounding AIDS. They are also ready for both more detailed instruction about HIV transmission and AIDS and for a discussion of the social and political issues concerning AIDS. Students need to understand ways AIDS differs from other STDs.

Teens are at risk for AIDS. Two-thirds of all teens have had sex before the age of 18. Teens also experiment with alcohol and drugs, which can impair judgment and promote unsafe sexual behavior.

STRATEGIES:

1.) Distinguish between the definitions of HIV and AIDS.

2.) Describe the role of the immune system in the transmission of the HIV. Identify the three ways that HIV is spread.

3.) Discuss risky behaviors and how to avoid HIV infection from sex. Emphasize that AIDS

is preventable and discuss the methods of prevention.

9 - 12

STANDARD: Students should know the basic facts about the STD epidemic, including the ways in which STDs are spread, the common symptoms, and how they can be treated.

STDs are the second most common type of contagious disease in the United States. They affect more than 40 million Americans. Two-thirds of those cases are people under 25. And the incidence of STDs among teenagers is rising, in part because young people are becoming sexually active earlier.

STRATEGIES:

1.) Identify the most common STDs.

2.) Review the common early symptoms. Discuss the later symptoms and consequences of non-treatment.

3.) Invite an area STD health professional to visit the class and discuss how to locate and use local resources for information, counseling and treatment of STDs.

STANDARD: Students should know effective methods of prevention or risk reduction for STDs.

The likelihood of catching an STD is directly related to the number of sexual partners one has. Short of abstaining from sex, the best way to protect oneself from STDs is to have sex with only one faithful, uninfected partner in a long-term relationship.

STRATEGIES:

1.) Caution individuals to watch for signs of STDs. Sexually active people should not have sex with a person who has a sore or unusual discharge in the genital area.

2.) Discuss abstinence as the only guaranteed method of STD prevention.

3.) Discuss risk reduction methods, including reducing the number of sexual partners, using condoms correctly and consistently, and getting regular checkups even if no symptoms are present.

4.) Explain that teenagers should avoid making decisions about sex while under the influence of alcohol or other drugs because they cloud judgment and lower inhibitions.

STANDARD: Teens should know communication and decision-making skills for negotiating abstinence and safer sex practices.

Many teenagers are sexually active. The idea of delaying sexual intercourse conflicts with many sexual messages young people encounter every day. Many young people conclude that "everyone is doing it."

STRATEGIES:

1.) Design a simulation that allows for discussion of ways to say no to having sex or ways to talk about practicing safer sex methods.

2.) Use role playing to help students practice being frank and direct in conversations with potential sex partners.

STANDARD: Teens should know what to do in case they suspect they have been infected with an STD.

Anyone who is sexually active with someone other than a long-term monogamous partner should get regular checkups for STDs even in the absence of symptoms. Sometimes people are too frightened or embarrassed to ask for help or information. Most STDs are readily treated, and the earlier a person seeks treatment and warns sex partners about the disease, the less likely that the disease will do irreparable harm, be spread to others or, in the case of a woman, be passed on to a newborn.

STRATEGIES:

1.) Outline specific steps to follow, including seeking medical help, notifying partner(s) and avoiding sexual activity while being treated for an STD.

2.) Invite a health professional from a local health department or family planning clinic to meet with the class.

3.) Discuss the importance of honesty in dealing with sexual partners. Anyone diagnosed as having an STD should notify all recent sex partners and urge them to get a checkup.

STANDARD: Students should have accurate information about transmission and prevention of HIV infection. They should also be aware of the issues that the disease poses for society, such as the importance of opposing prejudice and discrimination.

As of spring 1989, more than 80,000 Americans have died of AIDS, including more than 18,000 who were between the ages of 20 and 29. Many of these people would have been infected when they were teenagers.

STRATEGIES:

1.) Define HIV infection and AIDS. AIDS is the final manifestation of HIV infection. HIV infection is increasingly being considered by health professionals, as well as by people infected, as a chronic, manageable illness rather than an acute, terminal one. Ask students if anyone knows of someone who has lived for a long time with a life-threatening illness such as cancer. Engage students in a discussion of reasons for some people's continuing to thrive despite illness.

2.) Explain that risk behaviors in which people engage, not membership in particular "risk groups," can lead to infection. Stigmatization can result from classifying certain groups of people as "other." Ask students to think of different ways in which some groups of people are stigmatized.

3.) Engage students in a discussion of ways in which HIV can be transmitted. Vague terms such as "intimate sexual contact" or "body fluids" are confusing and produce anxiety.

4.) Discuss the issue of STDs as a co-factor for HIV infection. Youth need to understand that having other STDs may put them at greater risk of becoming infected with HIV. Describe symptoms of some STDs, such as lesions and ulcers associated with herpes, syphilis and chancroid, which may serve as a "portal of entry" for HIV.

5.) Invite an adolescent infected with HIV to speak to the class.

RESOURCES

Publications

AIDS: What Young Adults Should Know (1987)
AAHPERD
P.O. Box 704
Waldorf, MD 20604
703/476-3400

20 pp., secondary school; discusses AIDS facts and prevention; includes self-tests. Student Guide, 2nd edition: 1-4 copies — $2.50 each; 5-29 copies — $2.00 each; 30+ copies — $1.25 each. Instructor's Manual — 44 pp., eight lesson plans designed to teach and reinforce prevention behaviors. $8.95.

Educator's Guide to AIDS and Other STDs (1987)
Network Publications
ETR Associates
P.O. Box 1830
Santa Cruz, CA 95061-1830
408/438-4060

91 pp., middle and senior high; basic STD information, pre- and post-student questionnaires. $25.00

STD: A Guide for Today's Young Adults
AAHPERD
P.O. Box 704
Waldorf, MD 20604

703/476-3400

40 pp., junior and senior high; focus is personal prevention behavior and attitudes about STD; includes summary chart of 10 STDs, glossary, and information about transmission, prevention, diagnosis and treatment. $5.95. Instructor's Manual — 96 pp., junior and senior high; comprehensive approach to STD education; includes goals, five-part lesson plan, 11 learning activities, and suggestions for reinforcing material in student book. $8.95

Sexually Transmitted Diseases (1986)
Elaine Landau
Enslow Publishers
Bloy St. and Ramsey Ave.
P.O. Box 777
Hillside, NJ, 07205
201/964-4116

96 pp., middle and high school; discusses symptoms, diagnosis, treatment and prevention of STD with the aim of helping young adults make responsible informed decisions about sexual behaviors; glossary; additional reading suggestions.

Audio-visual

Everyone Can Avoid AIDS (1988)
Milestone Productions, 1988
Distributed by ETR Associates
P.O. Box 1830
Santa Cruz, CA 95061
408/438-4080

Targets junior and senior high; a clay animation video that addresses prevention. The video takes the viewer to a town meeting in Fearville, USA, where Dr. Prevention answers questions from an audience of townspeople of varying ages and ethnic backgrounds. Covers common fears and misperceptions regarding transmission. 20 minutes. $395.00.

Sex, Drugs & AIDS (1985)
Select Media, Inc
74 Varick St.
Suite 305
New York, NY 10013
212/431-8923

Targets senior high audience. Hosted by Rae Dawn Chong, the video focuses on prevention and how AIDS can and cannot be transmitted. Provides peer support for modifying at-risk behavior. Captioned version available. Video & film format. Accompanied by leader's discussion guide and student fact sheet with AIDS information. 18 minutes. $325.00

The Subject is: AIDS

A version of the above film for younger audiences. Emphasizes abstinence as the primary means of preventing infection. Accompanied by discussion leader guide and student fact sheet. 18 minutes. $325.00

Organizations

The Alan Guttmacher Institute
111 Fifth Avenue
New York, NY 10003
212/254-5656

American Social Health Association (ASHA)
P.O. Box 13827
Research Triangle Park, NC 27709
919/361-2742

Sex Information and Education Council of the U.S. (SIECUS)
New York University
32 Washington Place
New York, NY 10003
212/673-3850

Hotlines

National STD Hotline
800/227-8922
8 AM - 11 PM EST, M-F

National Herpes Hotline
919/361-2120
9 AM - 6 PM EST, M-F

National AIDS Hotline
800/342-AIDS
24-hour

SUBSTANCE ABUSE

STANDARDS SUMMARY

K - 1, 2 - 3 and 4 - 6

- Students should understand how their feelings and attitudes affect their actions.
- Students should be be aware of their unique personal strengths.

7 - 8 and 9 - 12

- Students should understand that they're responsible for maintaining a healthy body and mind.
- Students should know the negative effects of all drugs, including alcohol.
- Students should know the stages of alcohol and other drug dependency.
- Students should know appropriate and healthy ways of expressing and dealing with feelings and stress, as well as how to seek help in times of crisis.
- Students should understand the effect that group and family influences have on personal values.
- Students should be aware of the impact of advertising, TV and movies on decision making.
- Students should be aware of the legal and personal consequences of alcohol and other drug use.
- Students should understand that the illegal use of legal substances is wrong and harmful.

OVERVIEW

In the 1960s and 1970s, the damaging consequences of alcohol and other drug use were not as widely accepted as they are today; in fact, some thought that the use of drugs stimulated one's creative and intellectual abilities, making a distinction between addiction and "recreational" drug use.

Today, the use of alcohol and other drugs has reached epidemic proportions and this attitude is no longer in vogue. According to the 1988 final report for the White House Conference for a Drug-Free America, "Approximately 37 million [people] used an illegal drug in the past year and 23 million, or almost one in every 10 Americans, used an illicit drug in the past month. The effect of this illegal drug use are staggering. The relationship between drugs and crime is clear. It goes well beyond the commission of crime to support a habit. Drug use and trafficking breed both wanton violence and gangland revenge."[1]

Substance abuse has been attributed to violent behavior, child abuse, and automobile and other transportation crashes. In addition, several studies have revealed that two-thirds to three-

fourths of people arrested for charges other than drugs have tested positive for illegal drugs at the time of their arrest.

Many medical problems are attributable to drug use. For example, many babies who have been exposed prenatally to alcohol and other drugs are born addicted or impaired physically, psychologically and/or mentally. In addition, the Centers for Disease Control estimate that 21 percent of all AIDS cases are the result of sharing dirty needles in intraveneous drug use.[2]

National concern prompted the U.S. Congress to approve the 1986 Drug-Free Schools and Communities Act, which distributed $200 million in 1987, $250 million in 1988, and $350 million in 1989. In the past eight years, the federal government has tripled the amount of money spent on drug enforcement. However, money alone can not solve the problem.

The use of alcohol and other drugs by youth has had a devastating effect on their psychological, physiological and sociological lives and those of their families. We need to reach students before they become involved in drugs through a comprehensive substance abuse prevention program. Teaching a drug abuse curriculum in the classroom can be a powerful part of such a program.

Endnotes

1. *The White House Conference for a Drug-Free America, Final Report* (Washington, D.C.: Government Printing Office, June 1988), p. 1.
2. *The HIV/AIDS Monthly Surveillance Report* (Atlanta, GA: Centers for Disease Control, December 1989), p. 9.

CURRICULUM STANDARDS

K - 1, 2 - 3 and 4 - 6

STANDARD: Students should understand how their feelings and attitudes affect their actions.

Students must learn appropriate communication techniques so that they can express their feelings to others. Without such techniques, children tend to hold these feelings inside and allow them to build and fester until they release these frustrations by acting out or using drugs to feel better. Honest and appropriate communication skills are crucial to good mental health. Most active users of drugs do not possess effective communication skills, have inappropriate affect, and exhibit limited ability to identify and express feelings.

STRATEGIES:

1.) How one feels has a direct impact on how one acts and is perceived by others, thus affecting whether one receives positive or negative responses. Discuss with the class the

following statements:

- When my attitude is positive, I get positive reactions from others.
- How do I feel when I am honest as opposed to dishonest?
- What difference does the volume and tone of my voice make in terms of how others react to me? What works best with me, with my parents, friends, relatives, etc.
- How can I share my feelings (anger, fear, joy) in an appropriate manner to achieve support from others?
- All feelings are normal. It's OK to be happy, sad, angry and frightened — we *all* are.

2.) Teach children how to express their feelings using "I" statements. Have them complete statements such as, "I feel happy today because..." and "I feel sad today because..." Praise the children for honestly stating their initial feelings and providing a qualifying statement why. Building such physical and mental awareness skills at an early age is invaluable for later life as well.

STANDARD: Students should be aware of their unique personal strengths.

Many drug-abusing students have poor self-esteem and little confidence. Therefore, it's important to identify and recognize each student's specific personal strengths. When working on this goal, it is crucial to identify students with learning deficiencies and provide special attention and reinforcement for small steps in learning advancement. Those children who go undetected often become frustrated and give up on themselves and school, which makes them prime candidates for later drug abuse.

When teaching students how to value their personal strengths, it is the teacher's responsibility to broadly define "strengths" and explain that these may include: character and personality traits, physical features, athletic skills, hobbies, academic abilities, etc.

STRATEGIES:

1.) Teach students how to reframe thought patterns. In other words, when students verbalize their faults, teach them how to immediately stop themselves and think of a positive response. For example, a student could respond to the negative thought, "I hate my hair; I wish it were longer" with the positive thought, "Well, my hair is a pretty color and healthy and the length is fine for now." When children are obsessed with negativity and their personal faults, they set themselves up for having a poor self-esteem.

2.) Discuss the positive ways students have found to fight depression and list them on the chalkboard.

3.) Teachers should try to tell each student daily one positive thing that they did (this may include a nice gesture, a good answer to a question, being a good listener, etc.) When children

receive positive reinforcement for appropriate behavior, they are likely to have a higher self-esteem and to continue these positive behaviors rather than engaging in negative attention seeking. Extend this philosophy to the rest of the class by asking students to sit in a circle and tell what they like about the person to their left and to their right. Teach children to say "thank you" to all such compliments, rather than discounting or qualifying them.

4.) Self-esteem lists are extremely helpful in building students' confidence levels. Ask students to write down 10 physical, character and personality traits that they like about themselves. Suggest that they hang their lists in their rooms at home and look at them at least once a day. Or they can post the lists in the classroom.

5.) Teach children to set achievable goals and congratulate themselves for each step they take in accomplishing that goal. For example, a student could say, "I did a good job today of speaking in front of the class, even though I was afraid. If I keep this up, I will be able to run for student government and eventually deliver speeches to the whole school."

6.) Assign classroom projects to small groups or pairs of students. Children also learn to value themselves when they can use their newly determined strengths to help others. The satisfaction of being able to provide support or information to others gives students a deep sense of accomplishment and worth.

7 - 8 and 9 - 12

STANDARD: Students should understand that they're responsible for maintaining a healthy body and mind.

Many individuals who actively use drugs do not believe that they are lovable or worthy of treating themselves well. Before students will apply the skills necessary to maintain healthy bodies, they must believe that they deserve to be loved and treated well.

STRATEGIES:

1.) Have students complete the statements, "I am lovable because..." and "I deserve to treat myself well because..." Discuss the responses.

2.) Explain that students must take care of their bodies when they're young to avoid health problems later in life. To illustrate the consequences of poor health habits, show pictures of the lungs and livers of young people who smoked or were alcoholic. Discuss the damaging effects of cocaine on the nose and brain tissue, and the possibility of 18-year-olds having heart attacks because of excessive cocaine use.

3.) Discuss the importance of nutrition, exercise and plentiful sleep. Have students record their exercise, diet, rest and water intake for 1-2 weeks and then talk about the physical changes they've noticed.

4.) Lead a class discussion about how students feel when a parent or other loved one doesn't take care of himself or herself.

5.) Discuss negative influences from the environment that can lead to negative thought patterns. Brainstorm what some of those negative influences could be (gory horror films, etc.) and talk about how they can affect a person's thoughts and actions.

7.) A healthy mind is one that asks a lot of questions about what it sees, hears, perceives in others, etc. Lead a class discussion about what happens when we don't ask questions and assume what people think about us. Point out that we often suspect the worst, which lowers our self-esteem.

8.) Brainstorm ways for students to ask appropriately for what they need. For example, a student could say, "I know you are busy Mom, but I had a hard day and need a hug."

STANDARD: Students should know the negative effects of all drugs, including alcohol.

Substance abuse affects all areas of an individual's life. Students need to recognize that, by choosing to use drugs, they will suffer many physical, social and personal consequences.

STRATEGIES:

1.) Discuss the physiological effects of using drugs. For example, drug use can result in memory loss, hallucinations, depression, permanent brain damage, etc. Use slides or films to present this information, followed by a presentation by a speaker who is knowledgeable about this subject. Have the speakers discuss specific physical damage done by substance abuse, such as losing teeth from heroin use, or having heart attacks and weakened livers due to cocaine use.

2.) Discuss the personal and social consequences of drug abuse. Most drug users start with occasional use and eventually become more addicted. Such using patterns result in social isolation, loss of old friends, dismissal from school, lack of motivation, violent outbursts, mood swings, poor grades, arrests, poor grooming habits and superficial acquaintances with other drug users. Many times those who use drugs reach a point of desperation and loneliness and either consider or actually attempt suicide. Again, use slides, films and guest speakers to communicate this information.

3.) Discuss the effects that drug abuse has on all family members. For example, a child may have to lie about dad being sick so the neighbors don't know he drinks. Discuss the concept of drug abuse as a family disease in which everyone plays a part. Discuss the way drug abuse destroys family communication, leading to more arguments or no communication at all; diminishes family respect and trust; creates feelings of shame; and eventually leads to alienation from the family. Also discuss the connection between drug use and running away from home or stealing from family members.

4.) Discuss the legal consequences of alcohol and drug abuse, including possible arrest, probation, family abandonment, residential placement in youth camps or Juvenile Hall, jail sentences and even death. Have a law enforcement officer speak to the class about the legal ramifications of even casual illegal drug use.

STANDARD: Students should know the stages of alcohol and other drug dependency.

One must address the myths about alcohol and drug abuse and addiction.

STRATEGIES:

1.) Discuss the following questions: What is an alcoholic? What is an addict? What are the symptoms of being an alcoholic or addict? Do "alcoholic" or "addict" sound like bad words? Why?

2.) Discuss the concept of functional alcoholism and addiction and of binge alcoholism and addiction. Explain that one doesn't have to use drugs all day, every day to be an addict. Challenge the belief that all alcoholics are poor or homeless people who live in the streets.

3.) Explain abuse/addiction using the definitions by Dr. Warren Walker and Alan Ludington of the "BE FREE" program:

- Occasional use: Abuse begins as simple experimentation, coupled with lying to hide one's usage. Occasional users are very secretive about their actions and where they go with their friends. This stage precedes weekend usage. Most addicts started out as experimental users and "didn't think it could happen to me."
- Active use: At this point, the user seeks drugs to get high. He or she tends to use on the weekends and four to five times during the week. The active user loses interest in hobbies and sports, has rapid mood changes, and tends to withdraw socially. Schoolwork often suffers and grades decline.
- Abuse: Abuse is an active obsession. Users think about using or getting high a great deal and are always looking for a time or way to get high. Usage becomes a daily event, often by oneself. The user becomes lethargic, apathetic, disregards school, and habitually lies and steals. Police involvement often occurs at this stage. Suicide also becomes a risk.
- Addiction: The addict uses drugs compulsively, without thought or motivation. He or she uses all day, every day if possible, simply in order to survive and to feel normal. Self-destructive behaviors, violence, paranoia, and mental and physical deterioration are apparent. The addict may overdose or suffer memory loss and flashbacks.

STANDARD: Students should know appropriate and healthy ways of expressing and dealing with feelings and stress, as well as how to seek help in times of crisis.

It is important to point out that a healthy, strong and mature person recognizes when he or she needs help and asks for it. Without proper expression of feelings or effective communication skills, however, many students never receive the help they so desperately need.

STRATEGIES:

1.) Discuss the importance of talking and not letting feelings build up inside. Discuss the following questions:

- How do I feel/react when things are bothering me and I don't talk to others about it?
- How do I feel when I immediately share my feelings? (Discuss how immediately expressing feelings keeps people from blowing up later.)

2.) Discuss the question, "Who do I trust, or can I trust, when I do need to share my feelings/concerns with someone." Have students list the people they can turn to for help, such as peers, counselors, teachers, parents and hotlines. Hand out a resource list of agencies that offer support and help.

3.) Brainstorm the consequences of expressing anger through violence or by acting out, then discuss alternative ways to deal with anger. Then discuss the third-person technique — when angry at one person to the point of violence, simply walk away and verbalize your anger with a trusted third party to calm yourself. Later, in an appropriate way, talk to the person who upset you.

4.) Talk about how students can identify their true feelings. For example, a person may think that he or she is angry when, in actuality, his or her feelings have been hurt.

5.) Lead students in a guided relaxation, then ask them to be aware of how and where in the body they feel stress. Discuss the way that body language, muscle tension, somatic symptoms and an inability to sit still can signal what they are feeling.

7.) Teach stress-management techniques, such as visual imagery, progressive relaxation, psychodrama, music therapy, dance therapy and sports.

8.) Teach students to recognize when they can change a problem and when they must accept it. Remind them that they can never change another person's attitudes or behaviors, only their own.

STANDARD: Students should understand the effect that group and family influences have on personal values.

It is important for students to realize that all people are influenced by the places where they choose to spend their time and the people they choose to associate with. Students should learn to create their own positive environment and to find healthy outside support.

STRATEGIES:

1.) Lead a group discussion on the following questions:

- How has my family influenced me? For example, did you get into sports to please your father or decide not to try an activity because an older sibling was a success in that area?
- How have certain friends challenged your morals and values? What was your response to that challenge?
- What is peer pressure? How do kids influence you to do things you don't want to? Discuss with students the fear of rejection and desire to fit in. Focus on the fact that true friends will accept you as you are.

2.) Have students list and *specifically define* their morals and values and teach them how to assertively stick up for themselves without offending others.

3.) Discuss different kinds of groups — for example, heavy-metal fans, church groups, academic clubs, athletic teams — and the kinds of beliefs each group holds. Discuss how the type of group one belongs to can influence one's beliefs.

STANDARD: Students should be aware of the impact of advertising, TV and movies on decision making.

Teachers should teach students how TV, movies, magazines, radio, cartoons and so on can create norms in society through subliminal messages that connect violence, sex and drugs with glamour and beauty.

STRATEGIES:

1.) Teach kids how to analyze magazine and television ads to determine the messages being sent. Have students make a collage of magazine ads that show similar messages about violence, sex or drugs. Discuss movies and television shows that treat drug abuse humorously and what message such shows send to viewers.

2.) Lead a class discussion about movie stars or rock musicians whose image is connected with smoking, using drugs or drinking. Mention the problems these stars have had because of their substance abuse (Humphrey Bogart died of lung cancer, John Belushi of a drug overdose, and numerous others have gone into drug rehabilitation programs) as a way of putting these popular culture idols into perspective.

3.) Discuss music lyrics, often sold with "catchy" tunes, that reflect substance abuse or drug-related experiences.

STANDARD: Students should be aware of the legal and personal consequences of alcohol and other drug use.

Students need to understand that they are not omnipotent and will suffer consequences if they choose to abuse drugs.

STRATEGIES:

1.) Have a law enforcement officer make a class presentation on the legal consequences of drinking and driving, or of being caught in possession of drugs. Ask the officer to discuss the process of arrest, including being handcuffed, taken to jail and booked, possibly spending time in a jail or holding facility, and having an arrest record.

Also, ask the officer to point out that drug use may lead to stealing and dealing to support one's habit, and have the officer outline the legal consequences for dealers. Discuss the terms of probation.

2.) Show slides of Juvenile Hall and youth camps to graphically illustrate what it's like to spend time there.

3.) Take students on a field trip to a court where drunk-driving cases are being heard.

STANDARD: Students should understand that the illegal use of legal substances is wrong and harmful.

People use rationalization to excuse the misuse of medications. It is important for students to realize that the abuse of prescribed and over-the-counter medications is just as harmful as the use of illegal drugs. The word addiction applies to the person who self-medicates on prescribed tranquilizers as well as the person who uses cocaine. Students should also realize that using drugs, such as steroids, in the hope of improving athletic performance is an attempted shortcut that can lead to illness and even death. There is no degree of harmfulness when abusing *any* kind of drug.

STRATEGIES:

1.) Define "abuse" and discuss the fact that there is no scale or degree of harm. Talk about how abusing steroids, sleeping pills and cough medicine can be just as bad as abusing pot, alcohol and other drugs.

2.) Discuss the following facts: "When I take more pills than the doctor wants me to, I am abusing drugs" and "One can become addicted to prescription drugs."

3.) Have students research and prepare in-class reports on the physical symptoms that result from the abuse of various over-the-counter or prescription drugs.

RESOURCES

Publications

American Association of School Administrators and the Quest National Center. *Positive Prevention: Successful Approaches to Preventing Youthful Drug and Alcohol Use*. Arlington, VA: American Association of School Administrators, 1985.

Alexander, Kern. *American Public School Law*, 2nd ed. St. Paul, MN: West Publishing Company, 1985.

"Anti-Drug Marketing Study for the Mayor's Policy Office of the City of Boston." Harvard Business School Creative Marketing Study, May 1987.

Assisting Athletes with Alcohol and Other Drug Problems. Rock- land, ME: The State of Maine, March 1986.

Bachman, Jerald G.; Johnson, Lloyd D.; and O'Malley, Patrick M. *Drug Use, Drinking and Smoking: National Survey Results From High School, College, and Young Adults Populations, 1975-1988*. Rockville, MD: U.S. Department of Health and Human Services, National Institute on Drug Abuse. DHHS Publication No. (ADM) 89-1638, 1989. A 339-page book reporting on trends in drug use and attitudes of high school seniors, based on an annual survey conducted since 1975.

Barun, Ken, and Bashe, Philip. *How To Keep The Children You Love Off Drugs*. New York: Atlantic Monthly Press.

Courtwatch Manual. Washington Legal Foundation, 1705 N Street, NW, Washington, D.C. 20036. A 111-page manual that explains the court system, the criminal justice process, Courtwatch activities, and what can be done before and after a criminal is sentenced.

Drug Prevention Curricula. A Guide to Selection and Implementation. U.S. Department of Education, Office of Educational Research and Improvement, 1988.

Fraser, M.W., and Hawkins, J. D. *Parent Training for Delinquency Prevention: A Review*. Seattle, WA: Center for Law and Jus- tice, University of Washington, 1982.

Gold, Mark S. *The Facts About Drugs & Alcohol*. New York: Bantam Books, 1986.

Hawley, Richard A. *Drugs & Society — Responding To An Epidemic*. New York: Walker & Company.

Janeczek, Curtis. *Marijuana: Time For a Closer Look*. Madison, OH: Healthstar Publications. Middle school/junior high material.

Journal of Law and Education. Includes articles on a wide range of education issues and a

section on recent developments in the law. Published quarterly by Jefferson Law Book Company, P.O. Box 1936, Cincinnati, OH 45201.

MacDonald, Donald I. *Adolescent Drug and Alcohol Abuse*. Chicago, IL: Year Book Publishers, 1984. A 200-page book on stages of drug involvement, drugs, diagnosis and treatment. The author, a pediatrician who experienced the problem in his own family, addresses physicians and parents. Year Book Publishers, 35 East Wacker Drive, Chicago, IL 60601, 800/621-9262.

Mann, Peggy. *The Sad Story of Mary Wanna or How Marijuana Harms You*. New York: Woodmere Press, 1988. Elementary level reading material. P.O. Box 20190, Park West Finance Station, New York, NY 10025.

Moulton, Connie and Otto. *Drug Prevention Resources*. 1988. Committees of Correspondence, Inc., 57 Conant Street, Room 113, Danvers, MA 01923.

National Institute on Drug Abuse. *Cocaine Addiction: It Costs Too Much*. Rockville, MD: National Institute on Drug Abuse, 1985.

National School Safety Center. *Drug Traffic and Abuse in Schools* (NSSC Resource Paper). National School Safety Center, May 1989, 6th printing.

Polich, J. Michael, et al. *Strategies for Controlling Adolescent Drug Use*. 1984. A 196-page book that reviews the scientific literature on the nature of drug use and the effectiveness of drug law enforcement, treatment and prevention programs. The Rand Corporation, 1700 Main Street, P.O. Box 2138, Santa Monica, CA 90406-2138.

Rapp, J.A. *Education Law*. New York: Matthew Bender and Company, Inc., 1986. A comprehensive, frequently updated, four-volume, loose-leaf treatise on all issues of education law.

Reuter, E. Edmund. *The Law of Public Education*. 3d ed. Mineola, NY: Foundation Press, 1985.

Rubel, Robert J. *A Comprehensive Approach to Drug Prevention*. Austin, TX: National Alliance for Safe Schools, 1984.

Sanders, Bill. *Tough Turf*. Kalamazoo, MI: Sanders Associations, 1986. High School reading material.

School Law Bulletin. Chapel Hill, NC: University of North Carolina at Chapel Hill, Institute of Government.

School Law News. Arlington, VA: Capitol Publications, Inc. A newsletter that describes recent developments in the field.

The Schools and the Courts. Asheville, NC: School Administration Publications. Contains

briefs of selected court cases involving elementary and secondary schools.

Specialty Law Digest: Education Cases. A monthly compilation of cases and comments published by the Bureau of National Affairs, Inc., Suite 204, 10301 University Avenue, NE, Blaine, MN 55433.

Team Up for Drug Prevention With America's Young Athletes. A free booklet for coaches that includes alcohol and drug information, reasons why athletes use drugs, suggested activities for coaches, a prevention program, a survey for athletes and coaches, and sample letters to parents. Drug Enforcement Administration, Public Affairs Staff, 1405 I Street, NW, Washington, D.C. 20537.

Tennant, Forest S., Jr. *How to Identify, Prevent & Guide Treatment of Drug Abuse By Youth*. Danvers, MA: Committees of Correspondence, Inc., 1985.

Tobias, Joyce M. *Kids and Drugs: A Handbook for Parents and Professionals*. Annandale, VA: PANDAA Press, 1986. A 96-page handbook about adolescent drug and alcohol use, the effects of drugs and the drug culture, stages of chemical use, parent groups and their creation and maintenance, and resources available to parents and professionals.

West's Education Law Reporter. St. Paul, MN: West Publishing Company. Reprints the full text of Federal and State education law cases. Also included in this series are education articles and comments selected from legal periodicals.

What Works: Schools Without Drugs. U.S. Department of Education, 1986.

The following publications are available from:

National Federation of Parents for Drug-Free Youth (NFP)
8730 Georgia Avenue, Suite 200
Silver Spring, MD 20910
800/554-KIDS (toll-free nationwide)
585-KIDS (in the Washington, D.C. area)

DuPont, Robert L. *Getting Tough on Gateway Drugs*. American Psychiatric Press Inc., 1984. A 330-page book describing the drug problem, the drug-dependence syndrome, gateway drugs, and ways that families can prevent and treat drug problems.

Mann, Peggy. *Marijuana Alert*. McGraw-Hill Paperbacks, 1985. A 526-page book about marijuana: the crisis; health hazards; and activities of parent groups, industry and government.

Mann, Peggy. *Pot Safari*. New York: Woodmere Press, 1982. For parents and teenagers. Distinguished research scientists are interviewed on the subject of marijuana.

Newton, Miller. *Gone Way Down, Teenage Drug Use Is a Disease*. American Studies Press, 1981. A 72-page book describing the stages of adolescent drug use.

Scott, Sharon. *Peer Pressure Reversal*. Amherst, Ma: Human Resource Development Center, 1985. A 183-page guidebook for parents, teachers, and concerned citizens to enable them to provide peer pressure reversal skills to children.

The following publications are available from:

Parents' Resource Institute for Drug Education, Inc. (PRIDE)
Woodruff Building
100 Edgewood Avenue, Suite 1002
Atlanta, GA 30303.
800/241-9746

Gold, Mark S. *800-COCAINE*. 1986. High School reading material.

Jones, Hardin and Helen. *Sensual Drugs*. 1981.

Manatt, Marsha. *Parents, Peers and Pot*. U.S. Department of Health and Human Services, 1983. A 96-page book that recounts the evolution of the drug culture, the development of the first parent peer group, actions for parents to take, and information on marijuana.

Manatt, Marsha. Parents, *Peers and Pot II: Parents in Action*. U.S. Department of Health and Human Services, 1983. A 160-page book that describes the formation of parent groups in rural, suburban and urban communities.

Mann, Peggy. *Arrive Alive: How to Keep Drunk and Drugged Drivers Off the Road*. High School reading material.

Nahas, Gabriel G. *Keep Off the Grass*. 1985.

Polson, Beth, and Newton, Miller. *Not My Kid*. Avon Paperback Books, #69997-4, 1984. A 224-page guide for parents to aid in the prevention, and treatment of adolescent chemical use. It is especially strong on overcoming denial and recognizing problems, with numerous personal vignettes.

Audio-visual

Drug-Free Kids: A Parent's Guide. Scott Newman Foundation, 6255 Sunset Boulevard, #1906, Los Angeles, CA 90028. Adult audio-visual.

Gilkeson, Robert C. *Marijuana: Myths & Misconceptions*. 1986. High School audio-visual.

The Center for Drug Education & Brain Research, P.O. Box 900, Cos Cob, CT 06807.

How Do You Tell. Elementary level audio-visual. MTI Teleprograms. Parents Resource Institute for Drug Education, Inc. (PRIDE), 100 Edgewood Avenue, Suite 1002, Atlanta, GA 30303, 800/241-9746.

Parker, Julie, and Impact 2000. *Just Sing No*. 1987. High School audio-visual. 463 Valleyview Road, RD #1, Eighty Four, PA 15330.

Thompson, Jevon. *Parents are the Answer*. Adult audio-visual. Athena Productions, P.O. Box 860, Hwy 89, Corwin Springs, MT 59021-0860.

Thompson, Jevon. *Say No Elementary*. Elementary level audio-visual. Athena Productions, P.O. Box 860, Hwy 89, Corwin Springs, MT 59021.

Thompson, Jevon. *Waking Up From Dope*. Middle school/junior high audio-visual. Athena Productions, P.O. Box 860, Hwy 89, Corwin Springs, MT 59021.

How to Talk to Your Kids About Growing Up Without Drugs and Alcohol. A videotape that offers a practical, easy-to-follow approach to improve family communications, particularly on the subject of adolescent drug and alcohol use. It includes interviews with experts in the field. National Federation of Parents for Drug-Free Youth (NFP), 8780 Georgia Avenue, Suite 200, Silver Springs, MD 20910, 800/554-KIDS.

Organizations

Alateen, Al-Anon Family Group Headquarters, Inc.
200 Park Avenue South, Room 1602
New York, NY 10003
212/254-7236, 212/260-0407

Alcohol and Drug Abuse Education Program (ADAEP)
U.S. Department of Education
400 Maryland, S.W.
Washington, D.C. 20202-6151
202/732-4599

Alcoholics Anonymous
General Service Office
468 Park Avenue South
New York, NY 10016
212/686-1100

American Automobile Association (AAA)
Traffic Safety Department

8111 Gate House Road
Falls Church, VA 22047
703/222-6000

American Bar Association
Advisory Commission on Youth, Alcohol, and Drug Problems
1800 M Street, N.W.
Washington, D.C. 20036
202/331-2290

American Council for Drug Education (ACDE)
204 Monroe Street, Suite 110
Rockville, MD 20850
301/294-0600

The American Legion
A Square Deal for Every Child
National Americanism & Children and Youth Division
P.O. Box 1055
Indianapolis, IN 46206
317/635-8411

American Prosecutors Research Institute
Center for Local Prosecution of Drug Offenses
1033 North Fairfax Street, Suite 200
Alexandria, VA 22314
703/549-6790

"BE FREE"
Conejo Counseling Center
3609 Thousand Oaks Blvd., Suite 110
Westlake Village, CA 91362
805/497-9440

Benevolent and Protective Order of Elks
Drug Awareness Program
c/o Mr. Richard Herndobler
P. O. Box 310
Ashland, OR 97520
503/482-3911

Cocanon Family Groups
P.O. Box 64742-66
Los Angeles, CA 90064
213/859-2206

Committees of Correspondence, Inc.
57 Conant Street, Room 113
Danvers, MA 09123
617/774-2641

Comp Care Publications
2415 Annapolis Lane
Minneapolis, MN 55441
800/328-3330

Data Center & Clearinghouse for Drugs & Crime
1600 Research Boulevard
Rockville, MD 20850
800/666-3332

Drug Enforcement Administration
1405 Eye Street, N.W.
Washington, D.C. 20537
202/786-4096

Families Anonymous, Inc.
P.O. Box 528
Van Nuys, CA 91408
818/989-7841

Families in Action
2296 Henderson Mill Road, Suite 204
Atlanta, GA 30345
404/934-6364

Hazelden Educational Materials
P.O. Box 176
Center City, MN 55012
800/328-9000 (U.S. only)
800/257-0070 (in MN)
612/257-4010 (AK and Outside U.S.)

H.E.L.P. of America
345 Grand Avenue
Leonia, NJ 07605
800/631-1596

International Narcotics Officers Association, Inc.
112 State Street, Suite 1200
Albany, NY 12207
518/463-6232

Junior League of Atlanta
Gate Awareness through Education (GATE)
3154 Northside Parkway NW
Atlanta, GA 30327
404/261-7799

Kiwanis International
Public Relations
3636 Woodview Trace
Indianapolis, IN 46268
317/875-8755

Lions Club International
Special Research and Development
300 22nd Street
Oakbrook, IL 60570
312/571-5466

Mothers Against Drunk Driving (MADD)
National Office
669 Airport Freeway, Suite 310
Hurst, TX 76053
817/268-6233

Nar-Anon Family Group Headquarters, Inc.
World Service Office
P.O. Box 2562
Palos Verdes Peninsula, CA 90274
213/547-5800

Narcotics Anonymous
World Service Office
P.O. Box 9999
Van Nuys, CA 91409
818/780-3951

Narcotics Education, Inc.
6830 Laurel Street, NW
Washington, DC 20012
800/548-8700
202/722-6740 (DC and AK)

National Association for Children of Alcoholics (NACOA)
31582 Coast Highway, Suite B
South Laguna, CA 92677
714/499-3889

National Association of Secondary School Principals (NASSP)
1904 Association Drive
Reston, VA 22091
703/860-0200

National Board of the YWCA (Young Women's Christian Association) of the U.S.A.
726 Broadway
New York, NY 10003
212/614-2827

National Clearinghouse for Alcohol and Drug Abuse Information (NCADI)
P.O. Box 2345
Rockville, MD 20852
301/468-2600

National Council of Juvenile and Family Court Judges
P.O. Box 8970
University of Nevada/Reno
Judicial College Building #118
Reno, NV 89507
702/784-1662

National Council on Alcoholism
12 W. 21st Street
New York, NY 10010
212/206-6770 (office)
800/NCA-CALL (hotline)

National Child Safety Council
P.O. Box 1386
Jackson, MI 49204
517/764-6070

National Federation of Parents for Drug-Free Youth (NFP)
1423 North Jefferson
Springfield, MO 65802-1988
417/836-3709

National Institute on Alcoholism and Alcohol Abuse (NIAAA)
P.O. Box 2345
Rockville, MD 20852
301/468-2600

National Institute on Drug Abuse (NIDA)
Clearinghouse for Alcohol, Drug Abuse and Mental Health
6000 Wilco Building, Suite 400
Executive Boulevard
Rockville, MD 20852
301/468-2600

National Institute of Drug Abuse (NIDA) Hotline
800/662-HELP

National Organization on Legal Problems of Education (NOLPE)
3601 Southwest 29th Street, Suite 223
Topeka, KS 66614
913/273-3550

National Parent-Teacher Association (P.T.A.)
700 North Rush Street
Chicago, IL 60611-2571
312/787-0977

National Self-Help Clearinghouse
33 West 42nd Street, Room 620-N
New York, NY 10036
212/840-1259

Parents' Resource Institute for Drug Education, Inc. (PRIDE)
50 Hurt Plaza, Suite 210
Atlanta, GA 30303
404/577-4500

Pacific Institute for Research and Evaluation
7101 Wisconsin Avenue, Suite 20814
Bethesda, MD 20814
301/951-4233

Students Against Driving Drunk (SADD)
P.O. Box 800
Marlboro, MA 01752
508/481-3568

Students to Offset Peer Pressure (S.T.O.P.P.)
10 Lindsey Street
Hudson, NH 03051
603/889-8163

TARGET
National Federation of State High School Associations
11724 Plaza Circle
P.O. Box 20626
Kansas City, MO 64195
816/464-5400

Toughlove
P.O. Box 1069
Doylestown, PA 18901
205/348-7090

U.S. Department of Education
Drug-Free Schools and Communities
400 Maryland Avenue, S.W.
Washington, D.C. 20202-4101

Washington Legal Foundation
Courtwatch
1705 N Street, N.W.
Washington, D.C. 20036
202/857-0240

YMCA (Young Men's Christian Association)
101 N. Wacker Drive
Chicago, IL 60606
312/977-0031

Youth Who Care
Box 4074
Grand Junction, CO 81502
303/245-4160

Model Programs

Alcohol and Drug Abuse Education Program
U.S. Department of Education.
400 Maryland Avenue, S.W.
Washington, D.C. 20202-4101

The "School Team" approach offered in this program is designed to develop the capability of local schools to prevent and reduce drug and alcohol abuse and associated disruptive behaviors. Five regional centers now provide training and technical assistance to local school districts that apply.

Drugs, the Law and the Schools
Center for Civic Education
5146 Douglas Fir Road
Calabasas, CA 91302
818/340-9320

The Office of Juvenile Justice and Delinquency Prevention's (OJJDP) National Training and Dissemination Program (NTDP) has initiated a national law-related education program designed to actively engage students in examining, proposing and implementing remedies for the problem of drugs in the schools and the community. The "Drugs, the Law and the Schools" (DLS) Initiative will involve upper elementary, middle and secondary school students.

Lessons that were part of a 1989 field test are available for dissemination nationally and can be used to provide a law-related focus to substance abuse, law-related or social studies classes. The dissemination program will be implemented by a minimum of 1,400 teachers and 300,000 to 500,000 students in 55 sites around the country.

The lessons emphasize Driving Under the Influence (DUI) or Driving While Intoxicated (DWI) cases, moot courts, mock trials, policy making for hypothetical schools, and doctor/lawyer resource teams for a community. The teaching strategies develop cooperative learning, critical thinking and active participation skills.

Palmer Drug Abuse Program (PDAP)
3300 North A Street
Building 8, Suite 204
Midland, TX 79705
915/687-4311

PDAP is a free program supported by private donations and located mainly in Southwestern, Western and Midwestern states. It accepts out-of-town clients. It is a long-term out-patient counseling program with daycare capability based on the 12 steps of Alcoholics Anonymous. It uses recuperating users as peer counselors. The program also maintains parent groups that may be attended by parents who do not have children in the PDAP program.

STRAIGHT, Inc.
National Training and Development Center
3001 Gandy Boulevard
P.O. Box 21686
St. Petersburg, FL 33742
813/576-8929

Located in selected states, primarily in the East and Midwest, the program accepts out-of-town clients. The program is a long-term, highly structured out-patient program based on the 12 steps of Alcoholics Anonymous. During the early phase of the program, the new client lives in the home of another child advanced in the program. This family system provides positive role modeling, close supervision, and a 24-hour, drug-free environment at low cost.

Teen Challenge
Training Center
P.O. Box 198
Rehrersburg, PA 19550
717/933-4181

This Christian-oriented residential program has facilities across the country and overseas. It serves young people with a variety of behavior problems besides drug use. Occupational skills are taught.

SUICIDE

STANDARDS SUMMARY

K - 6

The standards and strategies included in this chapter apply to curricula introduced to junior or senior high school students. Curriculum written for elementary school children should be more generic and focus on building a foundation of self-esteem, learning communication skills, and enhancing decision-making abilities.

7 - 8 and 9 - 12

- Students should understand that both direct and subtle verbal statements indicating a desire to die should be taken seriously.
- Students should understand that sudden, uncharacteristic behavioral changes are often indicators of suicidal intent.
- Students should develop an understanding of the typical life situations and stressors experienced by suicidal young people.
- Students should understand that teenagers who abuse alcohol and drugs are at a higher risk for committing suicide.
- Students should know the importance of ambivalence in understanding and assisting suicidal people.
- Students should know that it is all right to talk about suicide with someone who is suicidal.
- Students should understand that once someone attempts suicide, the risk increases for a second attempt.
- Students should know that a lifting of depression in a person in crisis may indicate a decision to commit suicide.
- Students should understand that suicide is not inherited.
- Students should understand that not all teenagers who think about or attempt suicide are crazy or mentally ill.
- Students should know how to identify and communicate feelings.
- Students should know what to do and what not to do when someone threatens suicide
- Students should be familiar with and know how to access the various mental health agencies and private practitioners in the community, as well as the resources in the school.

OVERVIEW

Suicide is an act, not a disease. It is not caused by an infectious virus or contagious germ, nor is

it directly inherited. It is, however, a killer of major proportion. More young people die by their own hand than from any disease or genetic disorder—more than 5,000 young people a year in the United States.[1]

The teenage suicide rate has tripled in the last three decades and continues to rise.[2] Suicide currently ranks as the second leading cause of death for adolescents ages 15 to 24. Only accidental deaths outnumber suicides, and experts suspect that some car crashes, drownings or drug overdoses may have a suicidal component. And although homicide, the third leading cause of death among young people, periodically overtakes suicide as the second leading cause of adolescent deaths, many victim-precipitated murders may, in actuality, be suicides as well.

For every completed suicide, experts estimate that more than 100 attempts are made. Most of these self-destructive acts do not come to the attention of the police or hospital authorities and so remain undocumented and often untreated. The incidence of suicidal impulses is even more disturbing. More than 40 percent of the girls and boys in the eighth and tenth grades report they have seriously considered suicide.[3]

The causes of teen suicide are multidimensional and vary from case to case. Each self-destructive adolescent suffers with his or her unique combination of personal, family and environmental pressures, biological characteristics, and precipitating events. Societal stressors that partially explain the teen suicide rate include a high divorce rate, the prevalence of drugs and chemical abuse, increased sexual freedom and teenage pregnancies, frequent family moves, and two-career parents.[4]

Most people who consider suicide as a solution to their emotional distress only want their pain to stop. It is not death they seek, but an end to life as they are currently experiencing it. In their state of crisis, depression and despair, they are unable to explore other options and think rationally.

They are often ambivalent toward both living and dying and their behavior communicates this ambivalence to people close to them. More than 80 percent of suicidal people exhibit several warning signs before attempting to kill themselves. The sign may be a subtle behavioral clue or a direct statement of their suicidal intentions. When others recognize these cries for help, they can possibly prevent a suicide attempt. Frequently, a little relief from anxiety and despair will encourage a suicidal person to choose life instead of death.

One of the most baffling phenomena in recent years has been the clustering of suicides or suicide attempts that occur among young people who live in the same community or attend the same school and that occur closer in time and space than would normally be expected.[5] The clusters in Plano, Texas, and Bergenfield, New Jersey, are dramatic examples of what is known as the contagion effect of teenage suicide.[6] The reason for suicide clusters remains unclear, but anecdotal evidence suggests that suicides occurring later in the clusters often appear to have

been influenced by suicides occurring earlier in the cluster.

Because young people imitate those whom they identify with or admire, a teenager's suicide appears to create an increased danger of self-destructive behavior among friends and acquaintances of the suicide victim. The fear of suicide epidemics has led most of the mass media to be cautious in their reporting on teenage suicides and has encouraged communities to form municipal crisis response teams to manage potential clusters.

Education is the key to suicide prevention. Many schools have responded to the growing public concern.[7] Educating teenagers about the realities of self-destructive behavior plays a key role in any comprehensive suicide prevention program. Young people almost always confide in a friend or schoolmate when they are deeply troubled or depressed. Since teens are frequently selected as rescuers by fellow adolescents, they must know how to recognize when a friend is in a suicidal crisis as well as how to help.[8]

Because of the topic's extremely sensitive nature, all teachers using a suicide awareness curriculum should be given extensive training and ongoing supervision. Careful attention must be paid to each lesson's background concepts and objectives. Program managers should consult with local mental health service providers in developing their school's project and should maintain those contacts so that they have a support network in place should a suicide attempt be made. In fact, it may be desirable to use guidance counselors, health educators, school social workers, psychologists, crisis and substance abuse counselors, nurses, etc., to teach the suicide curriculum if teachers are untrained or reluctant to approach the issue of suicide in the classroom. It is also desirable to involve community-based mental health specialists in training the in-house school team. This insures a linkage between the school and local service providers and establishes a professional support group that educators can turn to if they think a student is self-destructive or in the case of a completed suicide.

A suicide awareness curriculum is, however, only one part of a school-based suicide prevention program. It alone would not be sufficient to educate all those who might come in contact with a suicidal young person.

Comprehensive school suicide prevention programs approach the problem of adolescent suicide from three perspectives: prevention, intervention and postvention. A school's initial task is to develop policies and procedures regarding suicidal ideation and suicide attempts for the school board to adopt. This written procedure should let all school personnel know what to do and where to turn for help if a student threatens or attempts suicide.

Primary prevention activities include improving school climate at the elementary and middle school level; raising levels of self-esteem; providing opportunities to learn how to deal with losses; and teaching coping skills, problem solving and how to communicate feelings.

Secondary prevention should include training parents, faculty, support staff and students to

recognize warning signs; to respond appropriately in a suicidal crisis; and to know where, how and when to get professional help. Parents also need to learn parenting techniques, such as communication skills, which could help them recognize when their child may be in danger.

School counselors, social workers and psychologists should receive training in crisis *intervention* techniques to learn to assess the risk for a suicide attempt and to coordinate referrals to outside community resources when necessary.

The final component of school programs, *postvention*, takes place after a student or teacher's suicide and often serves to prevent further suicides as well as to facilitate the healing process. The school or community crisis team should assist teachers, parents, educators, friends and the entire school community to begin the grief process and to follow the recommended postvention procedures. These procedures should be developed before a tragedy, and the faculty and support staff should be retrained annually to ensure their familiarity with the process.

It is important to correct prevalent and potentially harmful myths about suicide. History shows that attitudes about suicide — ranging from mystery to fear to romance to revulsion — have changed over the ages. At times suicide has been viewed as sinful and the suicide victim's body was mutilated or refused church burial. At other times various societies have punished the victim's surviving family to atone for the deceased's crime of self-murder. The feeling of shame and embarrassment on the part of the survivors still persists, although suicide is no longer considered a criminal act. The family of a suicide victim usually has difficulty working through their guilt, shame and grief. A family may deny the death was a suicide or refuse to mention the person's name again, thus protecting themselves from facing the ultimate rejection of their loved one's suicide. Facts become distorted, stories are embellished and myths are formed. Thus, the mystery and the taboos about suicide continue through the generations.

Recent scientific research on suicide has begun to erase these fables. Students need to know the facts about suicide because several of the myths are potentially harmful to those in crisis who may be considering suicide. One such myth states that a person who talks about suicide will not attempt suicide. If verbal statements about suicide are ignored, the people who are in a position to provide support and find help may lose an opportunity to intervene successfully. The result may well be a lifetime of regret and guilt.

In order to dispel such myths, the American Association of Suicidology has designated the first week in May each year as National Suicide Prevention Week. During that week, local mental health and suicide prevention agencies mount a public education campaign to raise awareness of the issue of suicide and to dispel the myths that continue to surround it. Prevention is possible through education.

Endnotes

1. National Center for Health Statistics, *NCHS Monthly Vital Statistics Report* 37 (1988):S-6.
2. Herbert Hendin, "Youth Suicide: A Psychosocial Perspective," *Suicide and Life Threatening Behavior* 17, 2 (1987).
3. Kim Smith, "Suicidal Behavior Among Normal High School Students," *Suicide and Life Threatening Behavior* 16, 3 (1986).
4. Judie Smith, *Suicide Prevention: A Crisis Intervention Curriculum for Teenagers and Young Adults* (Holmes Beach, FL: Learning Publications, 1989).
5. P. O'Carrol, et al., "Centers for Disease Control recommendations for a community plan for the prevention and containment of suicide clusters," *Morbity and Mortality Weekly Report* 37 (1988):S-6.
6. Loren Coleman, *Cluster Suicides* (Boston, MA: Farber & Farber, 1987).
7. Scott Poland, *Suicide Intervention in the Schools* (New York: Guilford, 1989).
8. Diane Ryerson, "An Adolescent Suicide Awareness Programme" in *Suicide in Adolescence*, eds. R.F. Dieksha and K. Hawton (The Netherlands: Martinus Nijhoff Publishers, 1987).

CURRICULUM STANDARDS

K - 1, 2 - 3 and 4 - 6

The standards and strategies included in this chapter apply to curricula introduced to junior or senior high school students. Curriculum written for elementary school children should be more generic and focus on building a foundation of self-esteem, learning communication skills, and enhancing decision-making abilities.

The goal in elementary school is to help children cope with losses and stress and to prevent all aspects of self-destructive behavior, such as drug abuse, violence and suicide. Teaching younger children a suicide prevention curriculum written for adolescents is not recommended because they do not have sufficient emotional maturity or intellectual development to deal with this material comfortably.

7 - 8 and 9 - 12

STANDARD: Students should understand that both direct and subtle verbal statements indicating a desire to die should be taken seriously.

Most people who attempt suicide are ambivalent; a part of them wants to live and a part of them wants to die. The part that wants to die does not seek death, only relief from intense emotional pain. This conflict creates a tension that leads to classic behavioral warning signs which are actually a desperate cry for help. Even the suicide attempt itself is a very dramatic and powerful way to get significant others to pay attention when all other attempts at communication have failed. Students should be trained to recognize these warning signals so they are better

prepared to give support to and get help for friends and peers in distress.

Frank acknowledgement of the facts about suicide threats can also prevent denial on the part of the listener. People do not want to believe that suicide is a real possibility and their fear of discomfort may lead them to deny that it could happen. Even a clear written or spoken message that a person is planning to commit suicide is often ignored or discounted. Sometimes a potential rescuer hears a threat so often that he or she begins to see it as the suicidal person's way of controlling others and getting attention; the result is often frustration and a feeling of being manipulated. Students should be taught that if they are not sure of the meaning of a statement, it is important to say, "I am concerned. What do you mean when you say that?" Verbal clues are the most important warning signs and the easiest to detect. Talking about suicide does not, as commonly thought, mean someone will not commit suicide. Quite often people who talk about suicide go ahead and do it.

STRATEGIES:

1.) Explain that threatening suicide may very well be a desperate attempt to solve problems and get attention.

2.) Brainstorm typical direct and indirect suicidal statements such as: "I wish I were dead," "I am going to kill myself," "I wish I were never born," or "Soon you won't have to worry about me anymore."

3.) Explain the role of ambivalence in the formation of warning signs.

STANDARD: Students should understand that sudden, uncharac- teristic behavioral changes are often indicators of suicidal intent.

When someone is considering suicide, he or she is in a crisis and will have difficulty behaving and thinking in his or her usual way. It will be difficult for them to concentrate on school work or to have fun with friends. In some cases the person will display typical markers of depression, such as:

- difficulty with eating and sleeping patterns,
- drop in grades and/or work performance,
- withdrawal from friends and family, or
- inability to enjoy activities and social events.

These behaviors, similar to the signposts of depression in adults, often manifest themselves in more volatile ways in young people. While adults often complain of feeling worthless, sad and lethargic, teenagers often are not aware that the agonizing feeling they are experiencing is depression. They may try to rid themselves of their intolerable emotional pain by seeking release

or "acting out" in risk-taking and/or antisocial behavior. It is normal for teenagers to be moody and restless because of the rapid and disorienting physical, emotional and role changes they are experiencing, so sometimes it is hard to tell when a teen is at risk for suicide or is just suffering "teen blues." Parents, educators and teens need to know, however, that it is not normal for agitation, anger or depression to be prolonged or to be severe enough to interfere with daily functioning.

STRATEGIES:

1.) Ask the class to describe what they and their friends are like when they are depressed. Note the changes in eating and sleeping patterns, sad mood, lack of energy, withdrawal from social contacts, somatic complaints, loss of interest in usual activities, irritability, and use of drugs and alcohol to medicate pain.

2.) Show a video about the suicide warning signs. Invite parents to join the class to view the video or sponsor a separate program for parents and educators. Ask the students to describe the changes in behaviors depicted in the film that might be warning signs of a suicidal crisis.

3.) Hand out a printed list of the warning signs or prepare a printed wallet card with warning signs, do's and don'ts, and phone numbers of emergency services.

4.) Assign a book report from the list of references included with these standards. (Be sure to review all reports to assess any written indications of a student's distress.)

5.) Explain that giving away prized possessions is a way of making a will for a young person and it could indicate a serious suicide attempt is imminent.

6.) Discuss risk-taking behavior and how it is different from mere carelessness or showing off.

7.) Point out that obsession with themes of death and self- destruction could indicate suicidal intentions.

8.) Review case histories of suicidal teenagers.

STANDARD: Students should develop an understanding of the typical life situations and stressors experienced by suicidal young people.

It's reasonable to ask why a young person would want to die when his or her whole life lies ahead. Talking about causes of teen suicide often becomes oversimplified. The causes are always multidetermined and highly personal. We do know, however, that many teens feel a tremendous amount of stress from their peers, their family, school and themselves. Major sources of stress come from the need to make decisions about drugs and sex before they are mature enough to do so or to understand the consequences of such behavior, a need to resolve emotions and conflicts when there is no adult with whom they are comfortable communicating

their feelings, a strong desire for instant gratification, and an inability to tolerate failure and loss. An understanding of the situations at-risk teens often experience helps friends, parents and educators identify who may become suicidal.

STRATEGIES:

1.) Ask the students to identify some of the major problems young people face in their school today. Complete the list to include: loss of significant relationships, difficulty communicating with parents, problems with school or employment, trouble with the law, unwanted pregnancy, serious physical illness, mental illness, frequent moves, family disruption and substance abuse.

2.) Acknowledge that the feelings resulting from a breakup of a boyfriend or girlfriend relationship are perhaps as intense as the grief from the death of a loved one or the divorce of parents.

3.) Have students complete and discuss a standard life- events stress scale. Discuss why some teens are able to handle overwhelming problems and thrive, while others struggle with what appear to be minor disappointments.

STANDARD: Students should understand that teenagers who abuse alcohol and drugs are at a higher risk for committing suicide.

Teenagers are acutely susceptible to peer pressure because identification with a group is so important to their sense of identity and acceptability. Joining a group of peers who abuse drugs often brings a sense of belonging to an insecure teenager. Also, adolescents frequently believe that getting drunk or high is a way to escape problems. Being "high" may bring immediate relief and relaxation and enable one to temporarily forget problems. However, the problem remains and substance abuse becomes a major problem in itself, interfering with the normal maturation process and creating difficulties with the family and school. Isolation from significant others contributes to a vulnerable teen's sense of loneliness and increases this risk for suicide.

STRATEGIES:

1.) Include facts about substance abuse and self-destructive behavior in a true/false questionnaire.

2.) Ask a drug counselor to speak to the class about drug abuse as self-destructive behavior.

3.) Invite a recovering abuser to describe his or her experience to a class or assembly.

4.) Point out that research shows that approximately 17 percent of alcoholics die from suicide (see Dave Capuzzi and Larry Golden in *Preventing Adolescent Suicide*) and 70 percent of people who die at their own hand have alcohol in their bloodstream at the time of death (see Scott Poland in *Suicide Intervention in the Schools*).

5.) Brainstorm how a teenager might handle a crisis situation in which a drunk classmate threatens suicide. Role play what could be said and done to assist their friend.

6.) Explain how isolation contributes to the intense feelings that accompany a crisis. Alcoholics often become alienated from friends and family.

STANDARD: Students should know the importance of ambivalence in understanding and assisting suicidal people.

Suicide attempts often represent a form of "Russian Roulette," meaning that the person is not really sure about his or her own attitude toward life and death. He or she may take life-threatening risks, letting fate decide whether he or she lives or dies. The majority of those who attempt suicide do not want to die They want to change intolerably painful feelings or situations. It is this ambivalence that insures the preventivability of many suicides. It is, of course, difficult to stop those who are fully and consistently determined to take their own lives.

STRATEGIES:

1.) Include this fact in a true/false suicide questionnaire.

2.) Explain how those who attempt suicide often set themselves up to be rescued, indicating an underlying desire to live. Discuss case histories, recent movies and novels illustrating this point.

3.) Describe ambivalence as an inner tension that leads a person in crisis to behave in a way that communicates to others a wish for help.

STANDARD: Students should know that it is all right to talk about suicide with someone who is suicidal.

If someone is thinking of suicide, talking about it will not cause him or her to commit suicide. The direct approach will often break the troubled person's sense of isolation. Furthermore, empathetic or active listening will reduce the intensity and the urgency of the emotions experienced by someone in crisis. It may be difficult to hear someone talk about dying, but it will not contribute to the risk of suicide occurring.

STRATEGIES:

1.) Include this fact in a true/false suicide questionnaire.

2.) Role play a teenager's discussion with a suicidal friend using the words "suicide," "killing oneself" and "dying." Model good active listening.

3.) Teach active listening skills.

4.) Explain the concept of crisis intervention.

STANDARD: Students should understand that once someone attempts suicide, the risk increases for a second attempt.

Eighty percent of those who complete suicide have previously attempted it. A suicide attempt should be considered a desperate cry for help. Young people are more likely than adults to make successive attempts. However, one suicide attempt does not mean that a person will always be suicidal.

STRATEGIES:

1.) Include this fact in a true/false suicide questionnaire.

2.) Ask those who have known someone who committed suicide if the suicide victim had attempted it before.

3.) Explain that people do recover from a suicidal crisis and many never consider attempting it again. Others may see suicide as an option when they find themselves in another crisis or severe state of depression.

STANDARD: Students should know that an improved mental state in a person in crisis may indicate a decision to commit suicide.

The decision to commit suicide may itself bring relief to someone in crisis. The end of the suffering and turmoil is in sight. However, when depression lifts, it may seem to friends and family that the worst is over and the person is on the way to recovery. Even an improved mood following an attempt may indicate the determination to try again.

STRATEGIES:

1.) Include this fact in a true/false suicide questionnaire.

2.) Invite a crisis counselor to talk to the class about the progression or stages of a suicidal crisis and how apparent recovery can be a dangerous time.

3.) Discuss how you can feel relief after deciding to take action in solving a problem, even though the problem has not yet gone away. Use students' own experiences with managing problems as examples.

STANDARD: Students should understand that suicide is not inherited.

If a suicide occurs in a family, the other family members are statistically at a higher risk for committing suicide themselves. Although suicide is not an inherited or a genetic trait, it does tend to run in families. If one member commits suicide, he leaves a message for other family members that suicide is an acceptable method of solving problems. The closer the relationship, the higher the likelihood of identification. A suicidal act may be imitated because family mem-

bers identify with each other and tend to copy each other's behavior. There is also some evidence of an inherited predisposition toward a low level of a specific neurotransmitter in the brain that is associated with depression and violence. The potential biological aspects of suicide should not be overlooked.

STRATEGIES:

1.) Include this fact in a true/false suicide questionnaire.

2.) Assign a project to research the family tree (genogram) of a famous person who has committed suicide. (However, avoid assigning a "glamorous" case, such as a movie star who committed suicide.)

3.) Brainstorm ways that people model themselves after those they admire. Include slang, dress fads, career choices, etc. Illustrate how teenage suicide clusters may occur because of this type of imitation and identification.

4.) Explain that suicide is not inevitable for surviving children of a parent who has committed suicide. Suicide is not inherited. A suicide gene does not exist.

STANDARD: Students should understand that not all teenagers who think about or attempt suicide are crazy or mentally ill.

Chronic mental illness does increase the risk for suicide, but not all people who commit suicide are psychotic. One does not have to be "crazy" to experience a serious depression or crisis. Those teenagers who have developed a strong self-esteem and have mastered a range of coping and help-seeking skills are better prepared to manage loss and crises. More than 40 percent of adolescents consider suicide at some time in their lives. Between 4 and 12 percent of high school students report they have actually attempted to harm themselves during their teen years. All of these young people are not mentally ill, but they do have significant emotional problems that often require psychotherapy. If help is obtained, lives can be saved.

STRATEGIES:

1.) Include this fact in a true/false suicide questionnaire.

2.) Invite a mental health professional to present information or pamphlets on mental illness to the class.

3.) Explain how thinking he or she is going crazy can increase the confusion and despair for a teenager in crisis.

STANDARD: Students should know how to identify and communicate feelings.

Intense emotions are experienced during a suicidal crisis. If the person is feeling acutely

angry, sad, frightened, worthless or helpless, it is difficult for him to make decisions and find solutions to problems that have led to the crisis. A suicide awareness curriculum should point out the connection between feelings and crises.

Unfortunately, many children come from families that do not acknowledge feelings or are uncomfortable when feelings are expressed. The youngster then learns to deny the existence of his or her feelings and becomes confused when emotions do occur. Since effective intervention begins by communicating at a feeling level, it is necessary to help children at all ages to label their feelings and be sensitive to the feelings of others.

STRATEGIES:

1.) Brainstorm a list of feeling words on the blackboard, separating them into four major categories: happy, sad, angry and scared. All other feelings are weak, mild or strong intensities of these categories.

2.) Provide a handout of sentences, some of which express feelings and some of which express thoughts. Ask the students to identify which statements express feelings.

3.) Role play with stimulus statements to be read aloud that express a feeling. Ask students to respond to each statement with "You feel _____."

4.) Brainstorm what the primary feelings are in a suicidal crisis (hopelessness and helplessness) and how they are experienced.

STANDARD: Students should know what to do and what not to do when someone threatens suicide.

Empathetic listening breaks the sense of isolation for a potential suicide victim and helps reduce the intensity of his or her emotions. Research and clinical practice tell us that teens are more likely to turn to each other than to an adult when they have a problem. Adolescents can understand how important it is to be there when needed and how a good listener can have a powerful effect in helping a friend through a crisis. After a teen provides "psychological first aid" to a troubled friend, a professional should be contacted. Alternatives to dying can then be explored more rationally, a safe environment provided, and, hopefully, a suicide will be prevented.

A suicide prevention or awareness curriculum is not intended to prepare teenagers to become therapists or even peer counselors. A young person can learn to listen and support a classmate in crisis but should never try to handle a seriously depressed or suicidal peer alone. They do need to know the basic steps in crisis intervention: recognizing the warning signs and identifying the person in trouble, learning how to respond, and knowing what to do and what not to do.

Present the principles to follow in crisis intervention. The goals are:

- to help the suicidal person regain a sense of control,
- break the overwhelming sense of isolation,
- reduce the intensity of emotions, and
- seek alternative solutions.

Hope will be restored if these goals are accomplished.

STRATEGIES:

1.) Distribute the following list of crisis intervention principles and discuss each point:

- Do be willing to get involved. Be available. Show interest and support.
- Listen. Allow the expression of feelings. Don't tell him or her to just feel better or "forget about it."
- Be non-judgmental. Don't debate whether suicide is right or wrong, or if feelings are good or bad. Don't lecture on the value of life.
- Be direct. Talk openly and freely about suicide.
- Don't make decisions for someone else or try to solve their problems for them. Instead, explore options together.
- *Don't be sworn to secrecy. Don't promise not to tell anyone.*
- Offer hope that alternatives are available, but do not offer glib reassurance. It only proves you don't understand.
- Take action. Remove any readily available means of committing suicide (pills, guns, etc.) and get help from persons or agencies specializing in crisis intervention and suicide prevention.

2.) Role play a conversation with someone talking about suicide.

STANDARD: Students should be familiar with and know how to access the various mental health agencies and private practitioners in the community, as well as the resources in the school.

Some communities have more mental health resources than others. However, almost every county offers assistance to those who need counseling, and large cities often have telephone hotlines for teens to call for crisis counseling. If there are multiple agencies listed in a phone book, it can be confusing trying to figure out which offer the most appropriate help for someone considering suicide. These potential helpers need to be identified and researched *before* a crisis occurs.

If there is a serious risk for suicide, it is always appro- priate to seek professional help. Many people are uncomfortable asking for help and appreciate assistance in doing so. Most mental

health professionals welcome the opportunity to explain something about the services they offer. They can emphasize the importance of therapy or hospitalization as a way to protect someone from committing suicide. When people are familiar with this process, they are less likely to be afraid and resistant.

STRATEGIES:

1.) Assign teams to get information about agencies and report their findings to the class.
2.) Explain which school staff members are available to help.
3.) Ask community experts to make a class presentation.
4.) Hand out cards with emergency telephone numbers.

RESOURCES

Publications

Bolton, Iris. *My Son, My Son.* Atlanta, GA: Bolton Press, 1983.

Capuzzi, Dave, and Golden, Larry. *Preventing Adolescent Suicide.* Muncie, IN: Accelerated Development, 1988.

Dieksha, R.F., and Hawton, K., eds. *Suicide in Adolescence.* The Netherlands and Boston, MA: Martinus Nijhoff Publishers, 1987.

Elkind, David. *All Grown Up & No Place To Go: Teenagers in Crisis.* Reading, MA: Addison-Wesley, 1984.

Giovacchine, Peter. *The Urge to Die. Why Young People Kill Themselves.* New York: Macmillan, 1981.

Gordon, Sol. *When Living Hurts.* New York: Yad Tikvah, 1985.
Griffin, M., and Felsenthal, C. *A Cry for Help.* New York: Doubleday, 1983.

Grollman, Earl. *Suicide: Prevention, Intervention, Postvention.* Boston, MA: Beacon Press, 1971.

Joan, Polly. *Preventing Teen Age Suicide.* New York: Human Sciences Press, 1986.

Leenars, A., and Wenchstern, S., eds. *Suicide Prevention in the Schools.* Washington, D.C.: Hemisphere Publishing, 1990.

Mack, J.E., and Hickler, H. Vivienne. *The Life and Suicide of a Young Girl.* New York: The

New Library, 1981.

Patros, Philip, and Shamoo, Tonia. *Depression and Suicide in Children and Adolescents.* Boston, MA: Allyn & Bacon, 1989.

Pfieffer, Cynthia. *The Suicidal Child.* New York: Guilford, 1986.

Poland, Scott. *Suicide Intervention in the Schools.* New York: Guilford, 1989.

Rabkin, Brenda. *Growing Up Dead: A Hard Look at Why Adolescents Commit Suicide.* Nashville, TN: Abingdon, 1983.

Ryerson, Diane and King, Barbara. *The Adolescent Suicide Awareness Training Manual.* Lyndhurst, N.J.: South Bergen Mental Health Center, 1985.

Smith, Judie. *Coping with Suicide: A Resource for Teenagers and Young Adults.* New York: Rosen Publishing Group, 1986.

Smith, Judie. *Suicide Prevention: A Crisis Intervention Curriculum for Teenagers and Young Adults.* Holmes Beach, FL: Learning Publications, 1989.

Audio-visual

The following videos have been rated "A" by the Suicide Information and Education Center in Calgary, Alberta, Canada.

But Jack Was a Good Driver — 15 minutes, 1974
CRM Films
2233 Faraday Street
Suite F
Carlsbad, CA 92008
800/421-0833

Dead Serious — 23 minutes, 1987
MTI Film and Video
108 Wilmot Road
Deerfield, IL 60015-9925
312/940-1260

Deadline — 47 minutes, 1985
The Media Guild
11722 Sorrento Valley Rd., Suite E
San Diego, CA 92121
619/755-9191

Recognizing the Problem — 25 minutes, 1987
How to Help 25 minutes, 1987
An Approach to Prevention — 60 minutes, 1987.

Perennial Education
930 Pitner Ave.
Evanston, IL 60202
312/328-6700

It did happen here: Coping with Suicide — 36 minutes, 1987
Guidance Associates
Communications Park, Box 3000
Mt. Kisco, NY 10549
914/666-4100

Programmed Instruction in Suicide Intervention: It Begins with You — 29 minutes, 1987
ComMedia
University of Calgary
25500 University Drive NW
Calgary, Alberta T2N 1N4
Canada
403/220-5285
403/220-5517

Straight Talk About Teenage Suicide — 28 minutes, 1985
Suicide Prevention Center, Inc.
184 Salem Ave.
P.O. Box 1393
Dayton, OH 45401-1393
513/223-9096

Suicide: Call for Help — 23 minutes, 1986
AIMS Media
6901 Woodley Ave.
Van Nuys, CA 91406-4878
818/783-4111

TEEN PARENTING

STANDARDS SUMMARY

K - 1 and 2 - 3

- Students should develop greater self-esteem and experience a sense of personal growth.
- Students should possess effective decision-making skills.
- Students should be introduced to a basic knowledge of how the reproductive organs function.

4 - 6

All of the above, plus:

- Students should learn accurate information about human sexuality, reproduction and responsible sexual behavior.

7 - 8

- Students should develop effective communication skills.
- Students should develop a realistic concept about the responsibilities of parenting.
- Students should be aware of the false images television, movies and other media present regarding sex and birth control.

9 - 12

- Students should realize that all teens are not sexually active and that they should make responsible decisions regarding their sexual activity.
- Students should develop a realistic concept about the responsibilities of parenting.
- Students who are pregnant should be aware that many of the serious negative consequences of teen pregnancy can be minimized with proper health care, counseling and social services, and education.

OVERVIEW

Each day in the United States, nearly 500 babies are born to young women under age 18. About 1.1 million American teenagers — one in 10 — become pregnant every year, including nearly 30,000 girls who are under the age of 15.[1] About half of these pregnant teens choose to have their babies, while almost 40 percent obtain abortions, and more than 10 percent experience miscarriages. The younger the teenager, the more likely she is to seek an abortion.[2]

The United States has one of the highest birth rates to unwed mothers in the developed world. In fact, American teens under 15 are *15 times* more likely to give birth than their peers in

any other Western nation.[3] The pregnancy rate among teens in the United States is twice as high as the rates in Britain, France or Canada; three times that in Sweden; and seven times as high as in the Netherlands. However, the rates of sexual activity among teens in the United States and these countries is virtually the same.[4]

Before leaving high school, half of all American girls are sexually active and one in four will experience a pregnancy. By the time they are 20, four out of every 10 females will have been pregnant — and one in five will bear a child.[5] And just a year after first giving birth, 18 to 25 percent of teen mothers will be pregnant again; in two years, the number jumps to between 60 and 70 percent.

"Teenage pregnancy has dire consequences for the economic future of the teenage mother, the teenage father and their children," according to the booklet *Teenage Pregnancy: Developing Life Options*, published jointly by the American Association of School Administrators and the Association of Junior Leagues, Inc. Beyond those immediately involved, the problem of teenage pregnancy impacts all of society. The booklet continues: "It has been said that teenage pregnancy has as much significance for the future of our nation as the budget deficit, the trade deficit, interest rates and unemployment. In sum, the costs to society are staggering."

A recent study by the Center for Population Options in Washington, D.C., reported that teenage pregnancy cost taxpayers $16.5 billion in 1985 alone. These public costs included federal welfare, Medicaid, food stamps and other similar benefits.[6] Approximately half of the federal Aid to Families with Dependent Children (AFDC) budget goes to mothers who began their parenting as teenagers.[7]

In looking at the history of teenage pregnancy, the birth rate among teens actually peaked in 1957 and has steadily declined by about 45 percent during the past three decades. But birth rates for all women have decreased sharply during this time period, and the reduction among teenagers —especially young teenagers—has not been as great as for adult women. Most significantly, the number of births to unwed teenagers has risen dramatically in recent years—tripling between 1960 and the early 1980s. Today, more than half of all births to teenagers (15-19 years old) occur out of wedlock.[8]

Although the birth rate among teens is declining, the number of teenage pregnancies actually has *increased* for more than a decade but that increase has been offset because many teenagers now have abortions. Estimates show that about half of the pregnancies to unwed teenagers are terminated by abortion.[9] A generation ago, pregnant teenagers usually already were married, quickly got married, or put their child up for adoption. In contrast, less than 5 percent of today's unmarried teens give their babies up for adoption.[10]

The issue of teenage pregnancy became far more visible in the late 1960s and 1970s, when the large population of the post-World War II baby boom reached their teens. The passage of

Title IX of the 1972 Educational Amendments, which made it illegal to expel a student because of pregnancy by mandating equal treatment for pregnant and parenting teens, compelled schools to deal with the issue. During this time, a number of government programs also were developed to help prevent adolescent pregnancies or to help pregnant teens.

Teen parenthood is not always a recipe for disaster, but the odds weigh heavily against these young people and their children as well. Pregnancy, and the frequently related problem of low self-esteem, leads teenagers to drop out of school. Less than half of teenage mothers graduate from high school and teen fathers 40 percent less likely to graduate than their non-parent peers. Nearly 20 percent of teen mothers under age 18 have not completed the ninth grade, according to *Adolescent Pregnancy: Whose Problem Is It?* by the Children's Defense Fund. Statistics from the Center for Population Options indicate that, of those women who become mothers before the age of 20, only 2 percent will graduate from college. In addition, teenage mothers only earn about half as much as women who give birth while in their 20s.

The problem of teenage pregnancy occurs both in urban and rural settings, and it affects all ethnic groups. Unfortunately, the teenagers *most* likely to become pregnant also are those *least* likely to be able to cope with it: teens who live in urban centers, who are poor, whose parents have limited education, who have poor academic skills, and who have low self-esteem.[11] Girls with poor academic skills are five times more likely to become mothers before age 16 than teenagers with average or above-average skills in school, according to the 1986 publication *Preventing Adolescent Pregnancy: What Schools Can Do?* published by the Children's Defense Fund.

Some teens simply are not able to deal with the stresses of motherhood. One study conducted by the United Way in Washington, D.C., found that the suicide rate of teen mothers in the nation's capital is seven times higher than for other teenagers.

The children of teen parents also suffer. Because only about half of teen mothers obtain early prenatal care, their children are more likely to have health problems at birth. The United States has one of the highest infant mortality rates of any industrialized nation. Babies born to teenagers often have low birth weights and are more than twice as likely to die in infancy as those born to older mothers. When they reach school age, these children are at greater risk of handicapping conditions, poverty and health problems that often lead to difficulties in school. Those born to teenage mothers also are more likely to become teenage parents themselves.[12]

Clearly, teenage pregnancy is a serious problem. About 65 percent of school administrators view teenage pregnancy as one of the top 10 problems facing their school systems, according to a recent survey by the Education Research Group. Teens themselves say that pregnancy is one of the biggest problems facing their generation. In the 1989 Gallup Youth Survey, teenage pregnancy was listed as the fourth biggest problem for teens — following drug abuse, peer

pressure and alcohol abuse.

Teenagers are more sexually active than in the past, with about half of them engaging in sex before they leave high school.[13] According to a 1986 Harris poll, the *average* age at which teens have their first sexual experience is 16. A startling 20 percent of teens reported that they had their first sexual experience by age 13, the poll found. Social pressure is the chief reason so many of their peers do not wait to have sexual intercourse until they are older, according to the teens polled.

Those teenagers who have had sexual intercourse indicated that "unexpected sex" — with no time to prepare — is the single most frequent reason why they do not protect themselves against pregnancy. Only one in three teens who are sexually active said they use contraceptives all the time, the Harris poll found. Reasons included that they do not want to use birth control; they do not know about birth control or have access to it; or they are too embarrassed to pursue birth control or fearful that their parents will find out. About 15 percent said they believe that they do not need birth control — that they are safe...that pregnancy will not happen to them.[14]

Although greater proportions of teens are using contra- ceptives, research shows that most teenagers wait six months to a year after becoming sexually active to seek medically supervised contraceptive care. For more than one-third of these girls, the reason for first coming to a doctor is the fear that they already may be pregnant. Almost half of first teen pregnancies occur within six months of an adolescent's first sexual encounter.[15]

Although teen pregnancy occurs among adolescents of all races, religions and socioeconomic levels, the problem disproportionately affects black and Hispanic teenagers. According to the Children's Defense Fund, minority teens account for 27 percent of the adolescent population — but they have about 40 percent of the adolescent births and 57 percent of the births to unwed teenagers. However, between 1970 and 1983, the annual rate of childbirths among black unmarried teens dropped from 96.9 per 1,000 to 86.4; for white teenagers, the birth rate rose during that time from 10.9 per 1,000 to 18.5.[16]

When a friend told veteran *Washington Post* journalist Leon Dash that more than half of the black children born in America today are the children of single mothers — and more than one-third of those mothers are poor teenage girls — he "set out to find some answers." During 1984 and 1985, Dash lived in a Washington, D.C., neighborhood known as Washington Highlands, which has the highest teenage birth rate and lowest poverty level in the city. His six-part investigative series appeared in *The Washington Post* during January 1986 and was a finalist for the Pulitzer Prize. *When Children Want Children: The Urban Crisis of Teenage Childbearing*, a book Dash wrote about the subject, was published in 1989.[17]

In the prologue of his book, he states:

I began my research into adolescent childbearing burdened with adult presumptions. I

assumed that the high incidence of teenage pregnancy among poor, black urban youths nationwide grew out of youthful ignorance both about birth-control methods and adolescent reproductive capabilities. I also thought the girls were falling victim to cynical manipulation by the boys, although the numbers of babies born to adolescent girls appeared to be awfully high for this to be the dominant pattern.

I was wrong on all counts.

During 17 months of intensive interviews with members of six different families, Dash said he discovered that "each person had a false, *adopted version*, of how the pregnancy had occurred — something they felt would be accepted by parents and others who were not close friends or peers." Only after several months did people tell him the truth, which Dash pointed out in this example:

> Sixteen-year-old Melissa knew she was *a month* pregnant when I interviewed her on May 23, 1985, the day she told me she was still a virgin.... Four months after that interview, when her pregnancy was very obvious, we laughed together about what she had told me in the interview and what the reality was. Melissa's story illustrates how difficult it is to get people to tell you what really is going on with them.

One of the statistics Dash learned from the Center for Population Research's "Adolescent Pregnancy and Childbearing — Rates, Trends and Research Findings" is that *23 percent* of all teenage mothers said they *intentionally* became pregnant. His interviews seemed to support that finding. "I did not find a single instance in which procreation had been accidental on the part of *both* sexual partners," Dash observed. "While there was some profession of ignorance about birth control among adults 40 years old and older, not one of the adolescents that I met and interviewed had been ignorant about contraception *before* becoming a parent," he observed.

"Washington Highlands and myriad other urban slums like it are sharply separated from mainstream American affluence, culture and values," Dash noted. "Within these despairing communities, many teenagers have sex, often reject birth control, get pregnant and have children — not because of ignorance, but because they see those actions as ways to achieve something *tangible* in lives filled with poor education, joblessness, failure, violence and a penetrating uncertainty." He concluded: "In time it became clear that for many girls in the poverty-stricken community of Washington Highlands, a baby is a tangible achievement in an otherwise dreary and empty future. It is one way of announcing: I *am* a woman. For many boys in Washington Highlands the birth of a baby represents an identical rite of passage. The boy is saying: I *am* a man."

However, other research indicates that most teenagers do not choose to become pregnant. The Alan Guttmacher Institute estimates that more than eight out of 10 teen pregnancies are unplanned. Nearly half of adolescent mothers later said that they regretted the timing of the birth

of their first child, according to the Center for Population Research. In *The Response of the Schools to Teenage Pregnancy and Parenthood* by Gail L. Zellman, more than 60 teenage mothers were interviewed and nearly all of them said they would not become pregnant, or else would abort a pregnancy, if they had it to do over again.

"The key to the problem," said Brenda Hostetler from the Junior League of St Louis' Teen Outreach Program, "is to make these kids actively want not to become pregnant rather than passively accepting whatever happens. It means broadening their horizons, showing [them] they can achieve whatever they aim for, improving the quality of their lives. That's a big order — and it will take a concerted effort by every segment of our society to fill it."

The Children's Defense Fund notes that the adolescents most likely to get pregnant are those who "feel that no door will be closed by teen pregnancy because they believe from the outset that no doors are open to them." Marian Wright Edelman, the organization's president, said, "One of the best contraceptives is hope. Hope is a byproduct of high self-esteem that comes from doing well in school, or in a job, or by some other measure of success."

Most schools today do offer some discussion about sexuality in the curriculum. But too often such instruction is limited in scope or comes too late. As a result, many teens still believe myths such as, "You can't get pregnant the first time you have intercourse." Schools must develop a curriculum that presents accurate information about sexuality, reinforcing positive attitudes and behavior and counteracting negative influences on students.[18]

The National Research Council specifically has called on schools to develop a broad array of special education programs and services to help pregnant teens and young parents complete their education; to develop and evaluate model child care programs focused on the special needs of teen parents; and to give priority to parenting education, particularly for teen parents from disadvantaged backgrounds. Although controversial, school-based medical clinics can be instrumental in providing prenatal care for pregnant teens and pediatric care for the children of teen parents, and some offer contraceptive services to prevent first or repeat pregnancies.

Research shows that special education programs for pregnant teenagers and young parents must continue long after the traditional six-week postpartum period if they are to help young mothers adjust to parenthood and stay in school. In many school districts, students are sent back to their regular schools soon after delivery — the very time when students are struggling to cope with schoolwork and the demands of a newborn baby. Teen parents often drop out once they lose the support provided by the special program or because of a lack of adequate child care. Even for teen parents who live in large cities, child care is a major need.[19]

The novel *In Country* by Bobby Ann Mason offers a poignant commentary on the issue of teen pregnancy: "It used to be that getting pregnant when you weren't married ruined your life because of the disgrace; now it just ruins your life, and nobody cares enough for it to be a

disgrace." Certainly, teen pregnancy does change their life, but — if given the help they need — it no longer has to ruin the lives of today's teenagers.

Endnotes

1. Association of Junior Leagues, Inc., and American Association of School Administrators, *Teen Pregnancy: Developing Life Options* (New York: AJL and AASA, 1988), p. 1.
2. Asta M. Kennedy, "Teen Pregnancy: An Issue for Schools," *Phi Delta Kappan*, June 1987, p. 730.
3. James Buie, "Teen Pregnancy: It's Time for the Schools to Tackle the Problem," *Phi Delta Kappan*, June 1987, p. 739.
4. National School Boards Association, *Education Vital Signs* (Alexandria, VA: NSBA, 1987-1988), p. A12.
5. Kennedy, p. 728.
6. Alina Tugend, "House Panel Finds Efforts to Prevent Teenage Pregnancy Failing," *Education Week*, March 5, 1986, p. 12.
7. Kennedy, p. 729.
8. Maris A. Vinovskis, *An "Epidemic" of Adolescent Pregnancy?* (New York: Oxford University Press, 1988), pp. 25-29.
9. Elise F. Jones, et al., *Teenage Pregnancy in Industrialized Countries: A Study Sponsored by the Alan Guttmacher Institute* (New Haven, CT: Yale University Press, 1986), pp. 40-41.
10. Kennedy, p. 730.
11. Association of Junior Leagues, Inc., p. 1.
12. Kennedy, p. 729.
13. Association of Junior Leagues, Inc., p. 1.
14. Louis Harris and Associates, Inc. of New York for the Planned Parenthood Federation of America, Inc., "American Teens Speak: Sex, Myths, TV and Birth Control — the Planned Parenthood Poll," 1986.
15. Kennedy, p. 730.
16. Tugend, p. 12.
17. Leon Dash, *When Children Want Children* (New York: Williams Morrow and Company, Inc., 1989).
18. Association of Junior Leagues, Inc., p. 15.
19. Kennedy, p. 735.

CURRICULUM STANDARDS

K - 1 and 2 - 3

STANDARD: Students should develop greater self-esteem and experience a sense of personal growth.

Children and young adults who feel good about themselves and feel they have some control over their lives are less likely to become sexually active. In addition, teens with good grades or those who are involved in sports or other extracurricular activities are least likely to become

teenage parents.

STRATEGIES:

1.) List on the board and talk about some incidents that might cause someone their age to interpret what was said or done in a way that lowers their feelings of self-worth. For example, if a group of friends teased an individual about what he or she was wearing, that might lower the person's self-esteem. Next, have the class list some helpful things the person might say to himself or herself in such a situation, such as, "I'm a good person and what I wear shouldn't really matter."

2.) Have discussions that build self-esteem. One day, have students tell three things they like about themselves. On another day, have the students form groups of four. Go around the group, having each person say two things that they like about each of the other group members. In another discussion, students could talk about the things they do to make themselves feel better when they are sad, such as calling a friend, playing with a pet or riding their bike. Another activity could be for students to write down three goals and list what they should do to achieve those goals. Have students talk about the effects of their actions. For example, running on a slippery sidewalk might cause them to fall and get hurt, or not studying could cause them to get a bad grade.

3.) As a class, have students identify some careers they might like to pursue when they grow up. Talk about these jobs and what kind of training is needed for each profession. Guest speakers, perhaps some of the students' parents, also could talk to the class about the jobs they have and what kind of training they needed to obtain their job. Some speakers might discuss personal experiences about how having a family at an early age made their goals more difficult, or even impossible, to obtain.

STANDARD: Students should possess effective decision-making skills.

STRATEGIES:

1.) Discuss how we all make many decisions each day and how those decisions affect us. Help children learn that what appears to be an immediate benefit often has negative results in the end. For example, they may choose to watch television after school instead of doing their homework. What are the consequences of that decision? Perhaps they have to stay up late to get their homework done and don't get enough rest. Or perhaps they don't get their homework done. Relating to teenage pregnancy, some students at first may think of babies as being cute, cuddly and someone to love. Have students, particularly those who have baby brothers or sisters, tell about some of the negative aspects of having a baby, such as caring for a sick child or

not being able to go places as easily. Help students realize the responsibilities that go along with parenthood.

2.) Help students see the steps that are involved in making a decision. Divide into groups and have each group identify a problem to be solved. For example, John has a report due on Monday and he wants to go on a campout the weekend before. Have students list the alternatives for the problem and then decide on the best alternative. For example, John could get the report done before he goes; he could take the report with him and work on it when he has time; or he could wait and do the report late Sunday night after returning from the campout. Help students see that they should evaluate their alternatives before making a decision.

STANDARD: Students should be introduced to a basic knowledge of how the reproductive organs function.

An important part of children's growth is their attitude toward their bodies and their sexuality. Today, children mature at an earlier age and they are exposed to many sexual images on television, in magazines and through music. Therefore, some educators may find it necessary to introduce information concerning human reproduction at a time earlier than fourth grade. Certainly, the information included below for grades four to six could be modified for third grade, but the following strategies, specifically designed for dealing with a younger audience, are also included.

STRATEGIES:

1.) Train several parents in the Family Talks program, developed by Terry Reilly Health Services, Inc. in Nampa, Idaho. These parents would then provide three two-hour sessions helping parents become more aware of children's feelings about themselves. The trained parents can guide discussions and provide skills with which parents can communicate their sexual values to their children, cope with embarrassment, and reassure their children about their normal growth and development.

2.) As a part of the regular health curriculum, students should be discussing how parts of the body function. Using a book such as *Bodies, Birth and Babies: Sexuality Education in Early Childhood Programs* by Peggy Brick for reference, discuss the sexual organs and how they function. The aim here is to give basic information to the student and have them feel OK about being a boy or being a girl and about their bodies.

4 - 6

All of the above, plus:

STANDARD: Students should learn accurate information about human sexuality, reproduction

and responsible sexual behavior.

One study that compared the United States with other developed Western nations concluded that those countries with the most liberal attitudes toward sex, the most extensive sex education programs, and the most easily accessible contraceptive services had the lowest rates of teenage pregnancy, abortion and childbearing.

STRATEGIES:

1.) Show films that give students accurate information about human reproduction.

2.) Encourage children to ask questions regarding human sexuality and discuss these topics openly and honestly.

3.) Have students list the positive and negative consequences of having a baby as a teenager or waiting until they are older to have a child. Help students to see that they should wait to have children until they are old enough to deal with the responsibilities of being a parent.

7 - 8

STANDARD: Students should develop effective communication skills.

Reducing pregnancy among sexually active teens is a complex issue. Although urging teens to delay sexual activity or to use adequate birth control if they already are sexually active are both important, we also must look at the underlying reasons why some teens choose to have babies. Programs must be developed that speak to teens who, consciously or subconsciously, wish to become pregnant or who don't care what happens to them.

STRATEGIES:

1.) Discuss the difference between words and actions. For example, a boy may be pressuring his girlfriend to have sex and she doesn't want to. Or a girl may be pressuring her boyfriend, saying if he loves her, he will do it. Talk about what "love" really is and what manipulation is.

2.) Role play how to respond to situations students typically may encounter, such as how to deal with peer pressure to be sexually active or how to turn down sexual advances by your boyfriend or girlfriend while still communicating that you like him or her.

3.) Conduct a role-play exercise with one student taking the role of a parent and the other the role of a teen. Role play the situation of a parent and child discussing what the parent feels is appropriate, responsible sexual behavior. Then role play what the teen sees as responsible sexual behavior. This could be done twice, once showing positive communication and the other time showing less effective communication.

STANDARD: Students should develop a realistic concept about the responsibilities of

parenting.

STRATEGIES:

1.) Invite teen parents to talk to the class about their expectations and the realities of being a parent and how it changed their life.

2.) Have teens gather information on the day-to-day expenses of having and caring for a baby.

3.) Have students do research about the possible economic consequences of dropping out of school to parent a child.

4.) Play a tape of a crying baby for at least 30 minutes during class and then have the students discuss their reactions.

5.) Invite parents who have adopted children born to teenage mothers to talk to the class about the adoption process and how important it was to them.

STANDARD: Students should be aware of the false images television, movies and other media present regarding sex and birth control.

A 1981 study in the *Journal of Communication* estimated that 20,000 scenes of suggested sexual intercourse and behavior, sexual comment and innuendo are presented in a year of prime-time television. Some estimate the number has increased today so that about 65,000 sexual messages are transmitted by television annually.

STRATEGIES:

1.) Divide students into groups and have them record the number of actual or suggestive sexual incidents they see on network and cable television during a specified time period. Also have them note whether the subject of birth control is dealt with and how. Have students report their findings to the class.

2.) Discuss the lyrics of popular rock music and the sexual themes they communicate.

9 - 12

STANDARD: Students should realize that all teens are not sexually active and that they should make responsible decisions regarding their sexual activity.

STRATEGIES:

1.) Communicate with teens the need for responsible sexual behavior. Stephen Glenn's curriculum *Developing Capable People* could be used.

2.) Improve teens' decision-making skills by using the *Changes* curriculum.

3.) Encourage teens to set limits for their behavior and not put themselves in situations that will unnecessarily put them under too much pressure. Role play some situations, such as parking with your date and how to keep from going "too far."

4.) Someone from a local clinic or the school nurse should provide teens with accurate information about birth control methods and how each work. Try to dispel myths teens have about pregnancy and their belief that "it won't happen to me."

STANDARD: Students should develop a realistic concept about the responsibilities of parenting.

STRATEGIES:

1.) To illustrate the economic consequences of teen parenthood, have students divide into two groups with one group being teen parents and the other group being teens who are not parents. Give each group the amount of money (use Monopoly or other fake money) they would earn in a month (including AFDC and other support), then have them pay for expenses such as food, rent, day care, etc. Have the two groups compare their earnings and expenses. Next, have the groups pretend it is five years later and let them compare their earnings, expenses and savings over those years. Make a comparison at 10 years later. Students should see how early childbearing can have an adverse economic impact throughout their life.

2.) Give each student a flour sack, egg, doll or other object to treat as their "baby" for a week or other specified time period. Each student must feed, change and otherwise care for their child. The baby must never be left alone, and if they desire to go out, they must find a babysitter. To make the exercise more realistic, the teacher could hand out special instructions each day (either to individuals or the entire group), such as: "Your baby has the croup and you must be up with him from 11 p.m. to 1 a.m. and from 3 a.m. to 5 a.m." or "Your baby is sick today and you have a test." Have students talk about what they learned from their experience.

3.) Have students take turns wearing an "Empathy Belly," a 35-pound device that simulates how it feels during the last three months of pregnancy. Linda Ware, executive director of Birthways Childbirth Resource Center in Redmond, Washington, which is marketing the device, says the Empathy Belly has been used effectively in sex-education courses for teens. Both boys and girls role play situations while wearing the device, such as walking down the hall and hearing comments made by fellow students. "They discover they can't even sit in a desk comfortably, not to mention doing activities they enjoy, such as playing soccer or going dancing," Ware said. When she asks the boys how many of them would stick around if their girlfriend "looked like that," not a single hand usually goes up. Ware said, "It gives the girls more ammunition to say no when they're in the back of a car." An information packet is available from Birthways

Childbirth Resource Center, 6316 159th Place N.E., Redmond, WA 98052, 216/881-5242.

STANDARD: Students who are pregnant should be aware that many of the serious negative consequences of teen pregnancy can be minimized with proper health care, counseling and social services, and education.

STRATEGIES:

1.) Develop a health class taught by peers and/or adults skilled at communicating with teens about health care during pregnancy. The class should include units on "Understanding Human Reproduction," "How the Baby Grows and the Mother's Body Changes," "Nutrition," "Labor and Delivery," "After Delivery — the Mother and Baby," "Family Planning," and "The Father's Role." Also use *Teenage Pregnancy: A New Beginning* as a reference. Low-income teens in particular need information on how to get nutritious food and why this is important. The WIC (Women, Infants, Children) program is a good resource.

2.) Work with service providers in the community to ensure that teens have early and regular prenatal care available to them. Provide prenatal education through a health class tailored for the pregnant teen. Use films, role playing and discussion, as well as practicing actual breathing and relaxation exercises and taking tours of the labor and delivery rooms at a nearby hospital, to help teens be better prepared to manage labor and delivery.

3.) A qualified counselor should help teen parents to work through their problems and also providing family counseling. Assist teens in finding help with transportation, housing and food when such help is needed. Help teens acquire skills so that they can work through similar problems for themselves next time.

4.) Invite an adoption counselor to talk to pregnant teens about the adoption process and to answer their questions.

5.) Through role playing, help teen parents think about why it is important to delay a subsequent pregnancy.

6.) Individualize curriculum and offer a job training class that teaches students how to get and keep a job. Students employed through such a class should receive credit toward graduation. In addition, have students explore a variety of career options.

7.) Give teens the opportunity to learn about child development, nutrition and the physical care of infants and toddlers through structured classes and child care labs. Each student should be assigned specific duties geared to the appropriate developmental stage of their assigned children. Teen parents continue to need this support, training and information after they have given birth.

8.) Teach students the basic survival skills they will need to run a home, such as balancing a

checkbook, making a budget, cooking meals, managing their time, and attending to their own personal needs as well as those of their child.

RESOURCES

Publications

A Community of Caring. The Joseph P. Kennedy Jr. Foundation, 1350 New York Avenue., Suite 500, Washington, D.C. 20005.

Anastasiow, Nicholas. *The Adolescent Parent*. Baltimore, MD: H. Brooes Publishing Co., 1982.

Bode, Janet. *Kids Having Kids: The Unwed Teenage Parent*. New York: HC Franklin Watts, 1980.

Bolton, Frank G., Jr., and Kane, S.P. *The Pregnant Adolescent: Problems of Premature Parenthood*. Beverly Hills, CA: Sage Publications, Inc., 1980.

Brick, Peggy. *Bodies, Birth and Babies: Sexuality Education in Early Childhood Programs*. Hackensack, NJ: The Center for Family Life Education, 1989.

Klinman, Debra G., et al. *Reaching and Serving the Teenage Father*. New York: The Bank Street College of Education, 1985.

Lindsay, Jeanne. *Teens Parenting: The Challenge of Babies and Toddlers*. Buena Park, CA: Morning Glory Press, 1981.

Lindsay, Jeanne. *They'll Read If It Matters: Stua; Guides for Books About Pregnancy and Parenting and You'll Read If It Matters, A Student Manual*. Buena Park, CA: Morning Glory Press, 1977.

Monserrat, Catherine, and Barr, Linda. *Teenage Pregnancy: A New Beginning*, Albuquerque, NM: New Futures, Inc., 1983.

Planned Parenthood Federation of America. *Teenage Pregnancy: The Problem That Hasn't Gone Away*. New York: The Alan Guttmacher Institute, 1979.

Ross, Anne, R.N. *Teenage Mothers, Teenage Fathers*. Edison, NJ: Everest House, 1982.
Scott, Keith, et al. *Teenage Parents and Their Offspring*. San Francisco: Grune and Stratton, Inc., 1981.

Shiner, Mary Ann. *Coping with Pregnancy, A Classroom Fiction Library*. Home Economics School Service, 10000 Culver Blvd., P.O. Box 802, Culver City, CA 90230, 1982. (Twelve

paperback books with Teacher's Guide.)

U.S. Department of Health and Human Services. *Working with the Pregnant Teenager: A Guide for Nutrition Educators*. Rockville, MD: Health Services Administration, 1981.

Walsworth, Nancy, and Bradley, Patricia. *Coping with School Age Motherhood*. New York: Richard Rosens Press, Inc., 1979.

Zellman, Gail L. *The Response of the Schools to Teenage Pregnancy and Parenthood*. Santa Monica, CA: The Rand Corp., 1981.

Audio-visual

Can a Guy Say No? an LCA release, 1988 (film and video, 32-minute version and 45-minute full version). This award-winning and unique program approaches the subject of adolescent sexuality from the young male's perspective, dramatizing the social and psychological pressures on teens to have sex. Based on *A Very Touchy Subject* by Todd Strassner. Suitable for high school. Cost: $250, video; $750, 16mm film (45-min. version) and $595, 16mm film (32-min. version); $75, rental.

Children of Children, produced by Dystar Television, Inc., 1988 (film and video, 30 minutes). Examines the social and economic effects of teenage pregnancy, and looks at the cultural and psychological reasons why young women find themselves in this situation. Suitable for junior high and high school. Cost: $450, video; $550, 16mm film; $75, rental.
Sweet Sixteen and Pregnant, produced by Dave Bell Associates, 1982 (film and video, 28 minutes). Tells the true stories of five young women who became pregnant as teenagers. Suitable for junior high and high school. Cost: $420, video; $475, 16mm film; $75, rental.

Teen Father, produced by ABC Video Enterprises, Inc., an MTI release, 1989 (video only, 34-minute version and 45-minute full version). An ABC Afterschool Special, this program encourages parental responsibility, illustrates the difficulties of teen parenthood, and reveals the complex issues that impact teen fathers. The story of teen parents Roy and Maria is dramatized. Suitable for junior high and high school. Cost: $250, video; $75, rental.

We Were Just Too Young, produced by J. Gary Mitchell and John McDonald (film and video, 30 minutes). This award-winning documentary shows the emotional, economic and social hardships of premature parenting through the story of Janice and John, who became parents at 15 and 18. The film also teaches young people to deal with their sexuality in a responsible manner. Suitable for junior high and high school. Cost: $420, video; $450, 16mm film; $75, rental.

All of the above films are available from:
MTI Film and Video
108 Wilmot Road
Deerfield, IL 60015-9925
800/621-2131

Model Programs

CYESIS
3550 Wilkinson Road
Sarasota, FL 34231
813/922-2117

CYESIS is an alternative public secondary school for pregnant and parenting teens. CYESIS works with community agencies to provides comprehensive services, including transportation, day care, counseling and health care. Academic classes are supplemented with parenting and health courses, which also are available to teen fathers.

Family Education Center
c/o Arlington Public Schools
1426 North Quincy Street
Arlington, VA 22207
703/920-8611

This alternative school is open to all pregnant students. Services ranging from prenatal and postnatal check-ups to support groups for young fathers are provided by working with community agencies. The program focuses on developing vocational and academic skills so that young mothers can become financially independent.

Family Guidance Center
c/o Jean Brown
910 Edmond, Suite 100
St. Joseph, MO 64501
816/364-1501

Five- or six-week courses are offered for four groups: parents and their preteen boys (ages 9 to 12), parents and their teenage boys, parents and their preteen girls, and parents with teenage girls. The program concentrates both on knowledge about sexuality and family communication skills.

Family Learning Center
400 Kimball St.
Leslie, MI 49251
517/589-9102

The Family Learning Center operates within the public school system and is housed adjacent to a school. High school graduation, vocational preparation, parenting skills and family involvement is stressed. The center also provides care for children up to age 6. In 1985, 91 percent of the seniors had graduated, and 97 percent of the eighth- through 11th-graders remained in school.

Health Start
St. Paul-Ramsey Medical Center
Gillette Building, Room 321
640 Jackson Street
St. Paul, MN 55101
612/221-3429

Health Start operates health clinics at four high schools and one junior-senior high school in St. Paul, Minnesota, in conjunction with the St. Paul-Ramsey Medical Center. They offer comprehensive health services in addition to working with the schools to develop two curricula: "Understanding Sexuality: Making Healthy Choices," a 15-lesson curriculum for high school students, and "Values and Choices," developed in collaboration with the Search Institute, for junior high students and their parents.

Life Planning Education
Center for Population Options
1012 14th Street, N.W., Suite 1200
Washington, D.C. 20005
202/347-5700

This is a curriculum developed by the Center for Population Options that is used in schools across the country. One unit in the flexible curriculum covers self-esteem, personal and family values, and sex role stereotypes. A second unit explores goal setting, making decisions and parenthood. The final unit deals with sexuality, employment and communication.

New Futures School
5400 Cutler Avenue, N.E.
Albuquerque, NM 87110
505/883-5680

New Futures School has served pregnant adolescents since 1970 and parenting teens since 1979. Child care is offered during school hours while students take academic classes required for high school graduation, GED preparation classes, special education classes, and instruction in child development and parenting. More than 90 percent of the teen parents at New Futures School complete their secondary education.

Postponing Sexual Involvement
Teen Service Program
Grady Memorial Hospital
P.O. Box 26158
Atlanta, GA 30355
404/222-2302

In this partnership between the Atlanta Public Schools and Grady Memorial Hospital, a five-part series on "Making Responsible Decisions" is taught to junior high students by specially trained 11th-graders. The program emphasizes developing skills to resist social and peer pressures to become sexually active. The hospital also offers schools a five-part series on human sexuality that is taught by adults.

School-Age Parenting Program
Fresno Unified School District
Attn.: Ruth Long
1900 Mariposa Mall
Fresno, CA 93721
209/441-3000

This program "takes the romanticism out of having a baby" by exposing students to the full responsibilities of parenthood, said Janice Klemm, program director. Child care is provided from 7:30 a.m. to 4 p.m. each weekday while their mothers attend classes, which include instruction in parenting skills. Registered nurses care for the children and also counsel with pregnant and parenting teens. About 300 teens and their babies are served in centers on seven high school campuses.

Teen Fathers Collaboration
c/o Joelle Sander
Bank Street College of Education
610 W. 112th St.
New York, NY 10016
212/663-7200

Comprehensive services for teen fathers are offered and prospective teen fathers in four cities. The program provides counseling, vocational training, employment placement, educational services, sexuality education, parenting skills, prenatal classes and legal advocacy.

Teen Alternative Pregnancy Program
MAECOM
2 Meridian Road
Eatontown, NJ 07724
201/389-0313

Operating on a separate campus from the regular high school, the program combines academic courses, pre- and postnatal instruction, home economics, consumer education, instruction on money and time management, and the development of employment skills. Students have access to individual and group counseling, and classes are offered to prepare them for childbirth, child development, child care and parenting.

Teen Outreach Program
Association of Junior Leagues, Inc.
660 First Avenue
New York, NY 10016-3241
212/683-1515

Begun in St. Louis, Missouri, the program now involves more than 800 youth participating in more than 60 local programs in 18 cities. The unique curriculum focuses on life-management skills and requires teens to participate in community service to help them develop a sense of responsibility for themselves and others. Administered by the Association of Junior Leagues, Inc., in collaboration with the American Association of School Administrators, the yearlong program is open to middle and high school students, who may be referred by teachers for being at high risk of dropping out or becoming pregnant.

Organizations

Adolescent Pregnancy Prevention Clearinghouse
Publications
Children's Defense Fund
122 C Street, N.W.
Washington, D.C. 20001
202/628-8787

Affiliate Development of Adolescent
Pregnancy/Parenting Programs Network
c/o Irene Taylor
National Urban League
500 East 62nd Street
New York, NY 10021
212/310-9136

Center for Population Options
1025 Vermont Avenue, Suite 210
Washington, D.C. 20005
202/347-5700

Community of Caring School Project
c/o George Zitnay
Joseph P. Kennedy Jr. Foundation
1350 New York Avenue, N.W., Suite 500
Washington, D.C. 20005
202/393-1250

Johns Hopkins Adolescent Clinic
600 North Wolf Street

Edward G. Park Building, 3rd Floor
Baltimore, MD 21205
301/955-2865

The March of Dimes Birth Defects Foundation
1275 Mamaroneck Ave.
P.O. Box 2000
White Plains, NY 10605
914/428-7100

The Office of Population Affairs
U.S. Department of Health and Human Services
200 Independence Ave., SW
Humphrey Building—Room 736E
Washington, D.C. 20201
202/245-0142

Preventing Adolescent Pregnancy Program
c/o Jane Quinn
Girls Clubs of America, Inc.
30 E. 33rd Street
New York, NY 10016
212/689-3700

STEP: Summer Training and Education Program
Public/Private Ventures
399 Market Street
Philadelphia, PA 19106
215/592-9099

WEAPONS

STANDARDS SUMMARY

K - 1 and 2 - 3

- Students should know the definition of a "weapon."
- Students should understand the design of weapons.
- Students should understand the physical and psychological impact of being assaulted by a person with a weapon.
- Students should understand the consequences of possessing and using weapons at school.
- Students should understand the feelings that often cause a young person to carry a weapon.

4 - 6, 7 - 8 and 9 - 12

All of the above plus:

- Students should understand the legal and civil consequences of using a weapon.
- Students should know alternatives to carrying a weapon.
- Students should know what to do if they see a "peer" or a "predator" carrying a weapon.

OVERVIEW

In increasing numbers minors are possessing and using guns, knives, bombs and a variety of other weapons. Although America has always had a fascination with weapons, school districts around the country report an increasing number of weapons violations. Top school security personnel and administrators from across the nation who gathered in Detroit, Michigan, for the Urban School Safety Practicum in April 1988 cited students possessing weapons as one of their top problems.[1]

What is the extent of the problem? James R. Wetzel, director of the Center for Demographic Studies at the U.S. Bureau of the Census, stated that of the nearly 3 million incidents of street crime which took place inside schools or on school property during 1986, "a weapon was used in more than 70,000 of these violent crimes, including more than 20,000 with knives and an estimated 1,700 with guns."[2] These figures are certainly conservative. In California alone, from July 1, 1988, through June 30, 1989, schools reported the confiscation of 10,569 weapons, including 1,131 guns, 5,328 knives, 2,498 explosives and 1,612 weapons categorized as "other."[3]

The problem is not limited to the schoolyard. Increasing numbers of our nation's youth are dying as victims of both homicide and suicide. The American Association of Suicidology estimates that 3,000 youths annually commit suicide with a firearm.[4] The Federal Bureau of

Investigation Uniform Crime Report shows that at least 1,000 homicide victims each are youths age 19 and under who are killed by firearms.[5] Of the 474 Americans who died from a gunshot the week of May 1-7, 1989, 52 were under age 20.[6]

The extent of the problem cannot be measured only by the number of deaths or those who carry a weapon to school and are caught. Many more students who carry weapons go undetected. A study by a Baltimore, Maryland, court found that of 390 city high schoolers polled, 64 percent said they knew someone who had carried a handgun to school within the preceding six months. Sixty percent said they knew someone who had been shot, threatened or robbed at gunpoint in their school, and almost half of the male respondents admitted to having carried a handgun to school at least once.[7]

This corresponds closely to the 1987 National Adolescent Student Health Survey for which 11,000 eighth- and tenth-graders from 20 states were interviewed. Forty-one percent of the males and 24 percent of the females said they could obtain a handgun if they wanted one. Twenty-three percent of the males reported having carried a knife to school at least once during the past year. Seven percent say they carry a knife to school on a daily basis. Three percent of the males report having carried a handgun to school at least once during the school year and 1 percent of the males report carrying a handgun on a daily basis.[8]

The seven main reasons why students carry weapons to school include: to show off, to show to a friend, to sell, to hold for older gang members, to intimidate/enforce, for protection, and simply because the weapon is there. This last factor in the proliferation of weapons possession among young people has to do with the sheer number of weapons in this country. The total number of guns in private hands is estimated at 120 million,[9] or about one out of two households has a gun. With that many weapons around, we should not be surprised to see many of them carried by youths. And this figure does not include weapons other than guns.

In fact, defining a "weapon" can be tricky. The New York City School district's "Chancellor's Regulation on Carrying Weapons in School" lists the following as weapons:

- firearm (including a pistol, handgun and any gun small enough to be concealed on the body), firearm silencer and electronic dart gun;
- shotgun, rifle, machine gun or any other weapon that simulates or is adaptable for use as a machine gun;
- switchblade knife, gravity knife and cane sword (a cane that conceals a knife);
- billy (club), blackjack, bludgeon, chucka stick and metal knuckles;
- sandbag and sandclub;
- slingshot (small, heavy weights attached to a thong);
- explosive, incendiary bomb and bombshell;
- dagger, stiletto, dangerous knife and straight razor;

- air gun, spring gun or other instrument or weapon in which the propelling force is a spring or air, and any weapon in which any loaded or blank cartridge may be used (such as a BB gun);
- acid or other deadly or dangerous chemical;
- imitation pistol;
- loaded or blank cartridges and ammunition; and
- any deadly, dangerous or sharp-pointed instrument that can be used as a weapon (such as broken glass, case cutter, chains, wire).

The regulation goes on to emphasize that even a nail file can be considered a weapon when factors indicate that the individual in possession of such an article has the intention of using it as a weapon in order to inflict physical or mental harm.

Endnotes

1. National School Safety Center, *Urban School Safety Practicum Report* (Encino, CA: National School Safety Center, 1988), pp. 10-11.
2. James R. Wetzel, "Kids and Crime," *School Safety*, Spring 1988, p. 4.
3. National School Safety Center, *Weapons in Schools* (Encino, CA: National School Safety Center, July 1990), p. 3.
4. Ibid.
5. Ibid.
6. "7 Deadly Days," *Time*, July 17, 1989, pp. 30-60.
7. George Hackett, Richard Sandza, Frank Gibney, Jr., and Robin Gareiss, "Kids: Deadly Force," *Newsweek*, January 11, 1988, p. 18.
8. American Alliance for Health, Physical Education, Recreation and Dance, *National Adolescent Student Health Survey*, (Reston, VA: American Alliance for Health, Physical Education, Recreation and Dance, Fall 1987.
9. James D. Wright, Peter H. Rossi, and Kathleen Daly with the assistance of Eleanor Weber-Burdin, *Under the Gun: Weapons, Crime and Violence in America* (New York: Aldine Publishing Company, 1983), p. 1.

CURRICULUM STANDARDS

K - 1 and 2 - 3

STANDARD: Students should know the definition of a "weapon."

Many children do not know that a weapon is "any instrument or device used to attack another or to defend oneself from attack."

STRATEGIES:

1.) Ask the children to list anything that could be a weapon. Try to focus on the traditional

weapons such as guns, knives and bombs.

2.) Illustrate how most objects can be used as a weapon even though they are not designed as such. For example, a chair, a pencil or a book can be used to hurt someone. Demonstrate the cutting power of a piece of paper.

3.) Young children especially need to realize the danger of throwing rocks and playing with sharp instruments, and the importance of carrying long, pointed objects in a safe manner.

4.) "Games" can easily turn into fights and "toys" can become weapons. Ask the class to explain the difference between skipping a rock on the water and throwing the rock at someone. In which case was the rock a "weapon"?

STANDARD: Students should understand the purposes of weapons.

Many children think of weapons as toys, so it is important to discuss their actual purpose.

STRATEGIES:

1.) Ask a member of a local law enforcement agency to make a class presentation, demonstrating the purpose of various weapons without glorifying them. For example, a hunting rifle is designed for hunting and a knife may be used to cut food or cloth, while other weapons are designed exclusively for killing humans.

2.) Have students write a report on various uses for weapons.

STANDARD: Students should understand the physical and psychological impact of being assaulted by a person with a weapon.

On television the person who gets shot or stabbed often comes back the next week without anything to show for the experience. Children frequently laugh at the goriest horror films because they realize that what they are seeing is not real. Until this attitude is changed, they will not be able to see weapons as being potentially destructive of real people.

STRATEGIES:

1.) Ask someone who has been injured by a weapon to tell the class what he or she experienced and is still going through as a result of the assault.

2.) Arrange a tour of the local hospital, pointing out the contrast in instruments of destruction and instruments of healing.

3.) Show clips from the movie, "Support Your Local Sheriff," and have the students list everything they see used as a weapon. Then discuss the movie's humorous attitude toward weapons.

STANDARD: Students should understand the consequences of possessing and using weapons at school.

Young children do not always see an immediate and direct correlation between their actions and subsequent consequences. They should realize the serious nature of a weapons violation.

STRATEGIES:

1.) Explain your current school policy regarding weapons possession.

2.) Brainstorm what carrying a weapon does to a person's image. For example, some people will think you are "neat" and others that you are a jerk.

3.) Ask the students to answer the following question, "How will teachers/students/parents/ friends and others treat you if you are caught carrying a weapon?"

4.) Brainstorm what can happen when a person carries a weapon to school, discussing questions such as, "What can happen to you if you are carrying a knife or a gun in your clothing?" and "What could happen to you or a friend if you are carrying a knife or gun in your book bag?" Role play the various answers given.

STANDARD: Students should understand the feelings that often cause a young person to carry a weapon.

Many young people do things without ever asking "why?" Carrying a gun to school is usually a spontaneous action. Thus, it is important to have students address this issue and to do so on the emotional/feeling level where this decision is usually made.

STRATEGIES:

1.) Brainstorm why a person might decide to carry a weapon to school.

2.) Have the class list some physically safe things kids do to show off to their friends.

3.) Have the class list some physically unsafe things kids do to show off to their friends. If carrying a weapon is not mentioned, raise the issue and ask the class what they think.

4.) Conduct a class discussion on questions such as, "How do you think someone else would feel about you if they saw you with a knife/gun?", "How would your friends feel?" and "How would kids who are not your friends feel?"

4 - 6, 7 - 8 and 9 - 12

All of the above plus:

STANDARD: Students should understand the legal and civil consequences of using a weapon.

STRATEGIES:

1.) Ask someone from law enforcement or the district attorney's office to explain to the class the legal and civil consequences of using a weapon in your community.

2.) Take the class on a field trip to the courthouse. Sit in on a robbery or assault case and have the students meet the judge.

STANDARD: Students should know alternatives to carrying a weapon.

Many children grow up in an atmosphere where the only response they see to anger, aggression and violence is more anger, aggression and violence. The next logical step for such children is to carry a weapon to deal with their problems. Students must learn other responses to negative behavior, including how to respond to peer pressure.

STRATEGIES:

1.) Role play a situation in which a group begins to taunt an individual. What are the individual's possible responses?

2.) Role play a situation in which one person calls another person names. What are the possible responses of the person being teased?

STANDARD: Students should know what to do if they see a "peer" or a "predator" carrying a weapon.

It is one thing to discuss what alternatives an individual has to carrying a weapon or responding to others violently. It is another thing to get young people to see that they and their friends are personally at risk when someone at school is carrying a weapon. Kids may tend to accept the view that what someone else does is "none of my business" and that we should "live and let live."

STRATEGIES:

1.) Brainstorm what a student can do if they see a classmate carrying a weapon.

2.) Conduct a class discussion on questions such as, "If your friend has a weapon, do you help him or her by not saying anything?", "Are you being a snitch when you tell someone that your friend brought a weapon to school?" and "How do you think you would feel if you saw someone at school with a weapon, did not tell anyone, and then someone got hurt with the weapon?"

RESOURCES

Publications

Muir, Edward. *Security in the Schools*. 4th ed. New York: United Federation of Teachers, n.d.

National School Safety Center. *School Crisis Prevention and Response*. Encino, CA: National School Safety Center, July 1989.

National School Safety Center. *Weapons in Schools*. Encino, CA: National School Safety Center, July 1990, 3rd printing.

Program Development Guidelines for Gun Safety and Shooting Education In Schools. Washington, D.C.: The National Rifle Association, 1987.

School Discipline Notebook. Malibu, CA: Pepperdine University Press, 1990.

School Safety Check Book. Malibu, CA: Pepperdine University Press, 1990.

Curriculum

Conflict Resolution: A Secondary School Curriculum. San Francisco, CA: The Community Board Program, Inc., 1987.

Prothrow-Stith, Deborah. *Violence Prevention Curriculum For Adolescents*. Newton, MA: Education Development Center, Inc., 1987.

Organizations

Educational Fund to End Handgun Violence
Box 72
110 Maryland Avenue, N.E.
Washington, D.C. 20002
202/544-7227

Handgun Control, Inc.
1225 Eye Street, N.W.
Suite 1100
Washington, D.C. 20005
202/898-0792

National Coalition to Ban Handguns
100 Maryland Avenue, N.W.

Washington, D.C. 20002-5625
202/544-7190

National Rifle Association
1600 Rhode Island Avenue, N.W.
Washington, D.C. 20036
202/828-6000

BIBLIOGRAPHY

ORDERING INFORMATION

Baker and Taylor
Mr. Robert N. Sutherland
Sales Manager
Baker and Taylor
Mount Olive Road
P.O. Box 458
Commerce, GA 30599
404/335-5000

Adams, Caren. *No More Secrets—Protecting Your Child From Sexual Assault.* Impact Publishers, 1981.

Aho, Jennifer Sowle, and Petras, John W. *Learning About Sexual Abuse.* Enslow Publishers, Inc., 1985.

Anderson, Deborah, and Finne, Martha. *Robin's Story—Physical Abuse and Seeing the Doctor.* Dillon Press, Inc., 1986.

Anderson, Deborah, and Finne, Martha. *Liza's Story — Neglect and the Police.* Dillon Press, Inc., 1986.

Anderson, Deborah, and Finne, Martha. *Margaret's Story — Sexual Abuse and Going to Court.* Dillon Press, Inc., 1986.

Arenberg, Gerald S.; Bartimole, Carmella R.; and Bartimole, John E. *Preventing Missing Children — A Parental Guide to Child Security.* Avon, 1984.

Arnold, Caroline. *What We Do When Someone Dies.* Franklin Watts, 1987.

Bass, Ellen. *I Like You to Make Jokes With Me, But I Don't Want You to Touch Me.* Lollipop Power, Inc., 1981.

Beaudry, Jo, and Ketchum, Lynne. *Carla Goes to Court.* Human Science Press, Inc., 1983.

Berry, Joy. *Every Kid's Guide to Coping with Childhood Traumas.* Children's Press, 1988.

Boegehold, Betty. *You Can Say "No."* Golden Book, 1985.

Bross, Donald C., ed. *The New Child Protection Team Handbook.* Garland Publishing, 1988.

Buscaglia, Leo. *The Fall of Freddie the Leaf.* Holt, 1982.

Byerly, Carolyn M. *The Mother's Book — How to Survive the Incest of Your Child.* Kendall/ Hunt Publishing Company, 1985.

Colao, Flora, and Hosansky, Tamar. *Your Children Should Know—Teach Your Children the Strategies That Will Keep Them Safe From Assault and Crime.* Bobbs-Merrill Company, 1983.

Cuddigan, Maureen and Hanson, Mary Beth. *Growing Pains — Helping Children Deal with Everyday Problems Through Reading.* 1988.

Dana, Trudy K. *Safe and Sound.* McGraw-Hill Book Company, 1988.

Daugherty, Lynn B. *Why Me?* Mother Courage Press, 1984.

Dayee, Frances S. *Private Zone.* Warner Books, 1984.

Donnelly, Katherine Fair. *Recovering From the Loss of a Child.* Macmillan, 1982.

Eagles, Douglas A. *The Menace of AIDS — A Shadow on Our Land.* 1988.

Erickson, Judith B. *Directory of American Youth Organizations — A Guide to Over 400 Clubs, Groups, Troops, Teams, Societies, Lodges, and More for Young People.* 1988.

Flanzer, Jerry P. *Alcohol and Adolescent Abuse.* Learning Publications, 1987.

Fox, Susan Sutherland. *Good Grief: Helping Groups of Children When a Friend Dies.* 1985.

Fraser, Sylvia. *My Father's House — A Memoir of Incest and of Healing.* Ticknor & Fields, 1987.

Gallagher, Sister Vera. *Speaking Out, Fighting Back — Personal Experiences of Women Who Survived Childhood Sexual Abuse in the Home.* Madrona Publishers, 1985.

Garbarino, James; Brookhouser, Patrick E.; and Authier, Karen J. *Special Children, Special Risks —The Maltreatment of Children With Disabilities.* Aldine De Gruyter, 1987.

Girard, Linda Walvoord. *Who Is a Stranger and What Should I Do?* Albert Whitman & Company, 1985.

Girard, Linda Walvoord. *My Body is Private.* Albert Whitman & Company, 1984.

Gold, Seva J. *When Children Invite Child Abuse.* Fern Ridge Press, 1986.

Goldstein, Arnold P.; Keller, Harold; and Erne, Diane. *Changing the Abusive Parent.* Research Press, 1985.

Gordon, Sol and Judith. *A Better Safe Than Sorry Book — A Family Guide for Sexual Assault*

Prevention. ED-U PRESS, INC., 1984.

Hagans, Kathryn B., and Case, Joyce. *When Your Child Has Been Molested — A Parent's Guide to Healing and Recovery*. Lexington Books, 1988.

Haskins, Jim. *Child Abuse Help Book*. Thomas Y. Crowell, 1985.

Haugaard, Jeffrey J., and Reppucci, N. Dickon. *The Sexual Abuse of Children — A Comprehensive Guide to Current Knowledge and Intervention Strategies*. Jossey-Bass Publishers, 1988.

Hawkins, Paula. *Children at Risk — My Fight Against Child Abuse — A Personal Story and Public Plea*. Alder & Alder, 1986.

Hazen, Barbara Shook. *Why Did Grandpa Die?* Golden Book, 1985.

Hechinger, Grace. *How to Raise a Street Smart Child — The Complete Parent's Guide To Safety on the Street and at Home*. Facts on File, 1984.

Hillman, Donal. *Spiders and Flies — Help for Parents and Teachers of Sexually Abused Children*. Lexington Books, 1988.

Hindman, Jan. *A Very Touching Book...For Little People and For Big People*. McClure-Hindman Associates, 1985.

Hyde, Margaret O., and Forsyth, Elizabeth H. *Know About AIDS*. Walker and Company, 1987.

Hyde, Margaret O. *Sexual AbusE — Let's Talk About It*. Westminster Press, 1987.

Hyde, Margaret O., and Forsyth, Elizabeth H. *AIDS — What Does It Mean to You?* Walker and Company, 1987.

Joyce, Irma. *Never Talk to Strangers — A Book About Personal Safety*. Golden Book, 1986.

Keller, Irene. *Benjamin Rabbit and the Stranger Danger*. Dodd Mead, 1985.

Kleiman, Dena. *A Deadly Silence — The Ordeal of Cheryl Pierson: In a Case of Incest and Murder*. The Atlantic Monthly Press, 1988.

Klein, Marty. *Your Sexual Secrets — When to Keep Them, When and How To Tell Them*. E.P. Dutton, 1988.

Kosof, Anna. *Incest*. Franklin Watts, 1985.

Kraizer, Sherryll Kerns. *The Safe Child Book*. Little, Brown and Company, 1985.

Leiner, Katherine. *Something's Wrong in My House.* Franklin Watts, 1988.

Teen Sexuality — Decisions and Choices. Lerner Publications Company, 1988.

LeShan, Eda. *Learning To Say Good-bye — When a Parent Dies.* Avon, 1988.

Lindsay, Jeanne Warren. *Teens Parenting.* Morning Glory Press, 1981.

Lindsay, Jeanne Warren. *Pregnant Too Soon — Adoption is an Option.* Morning Glory Press, Inc., 1988.

Maher, Peter, ed. *Child Abuse — The Educational Perspective.* Basil Blackwell (England), 1987.

McCoy, Diana L. *The Secret — A Child's Story of Sex Abuse for Children Ages 4 Through 6.* Magic Lantern Publications, n.d.

McCoy, Diana L. *The Secret — A Child's Story of Sex Abuse for Children Ages 7 Through 10.* Magic Lantern Publications, n.d.

Morgan, Sharon R. *Abuse and Neglect of Handicapped Children.* Little, Brown and Company, 1987.

Nathanson, Laura. *The Trouble With Wednesdays.* New York: Bantam, 1987.

Nelson, Mary and Clark, Kay, eds. *An Educator's Guide to Preventing Child Sexual Abuse.* Santa Cruz, CA: Network Publications, 1986.

Newman, Susan. *Never Say Yes to a Stranger — What Your Child Must Know to Stay Safe.* Perigee, 1985.

Nourse, Alan E. *A Teen Guide to Safe Sex.* Franklin Watts, 1988.

O'Brien, Shirley. *Child Abuse and Neglect — Everyone's Problem.* Association for Childhood Education International, 1984.

Ogawa, Brian K.; Gollehon-Smith, Debbie; and Rejzer, Alexandra A. *To Tell The Truth.* Maui, HI: Victim/Witness Assistance Program, 1988.

O'Malley, Padraig, ed. *The AIDS Epidemic.* Beacon Press, 1989.

Otto, Maryleah. *Tom Doesn't Visit Us Anymore.* The Women's Educational Press (Canada), 1987.

Paris, Susan. *Mommy and Daddy are Fighting.* Seal Press, 1986.

Park, Angela. *Child Abuse — Understanding Social Issues*. Gloucester Press, 1988.

Pfeffer, Cynthia R., ed. *Suicide Among Youth: Perspectives on Risk and Prevention*. American Psychiatric Press, Inc., 1989.

Portwood, Pamela, ed. *Rebirth of Power — Overcoming the Effects of Sexual Abuse Through the Experiences of Others*. Mother Courage Press, 1987.

Quackenbush, Marci, ed. *The AIDS Challenge — Prevention Education for Young People*. Santa Cruz, CA: Network Publications, 1988.

Quiri, Patricia Ryon. *Stranger Danger — A Safety Guide for Children*. Julian Messner, 1985.

Richter, Elizabeth. *Losing Someone You Love — When a Brother or Sister Dies*. G.P. Putnam's Sons, 1986.

Rofes, Eric E., ed. *The Kid's Book About Death and Dying — By and For Kids*. Little, Brown and Company, 1985.

Roy, Maria. *Children in the Crossfire — Violence in the Home — How Does It Effect Children?* Health Communications, Inc., 1988.

Russell, Pamela, and Stone, Beth. *Do You Have a Secret: How to Get Help for Scary Secrets*. CompCare Publishers, 1986.

Sanders, Pete. *Feeling Safe*. Gloucester Press, 1988.

Sanford, Linda Tschirhart. *Come Tell Me Right Away*. Ed-U Press, Inc., 1982.

Sanford, Linda Tschirhart. *The Silent Children — A Parent's Guide to the Prevention of Child Sexual Abuse*. McGraw Hill, 1980.

Schetky, Diane H., and Green, Arthur H. *Child Sexual Abuse — A Handbook for Health Care and Legal Professionals*. Brunner/Mazel, Inc., 1988.

Smock, Jerri. *A Storybook for Adults and Other Children — The Swan*. Win Publishing, 1988.

Sondheimer, Ilse. *The Boy Who Could Make His Mother Stop Yelling*. Rainbow Press, 1982.

Stanek, Muriel. *Don't Hurt Me, Mama*. Albert Whitman & Company, 1983.

Stark, Evan, and Holly, Marsha. *Everything You Need to Know About Sexual Abuse*. The Rosen Publishing Group, Inc., 1988.

Stein, Sara Bonnett. *About Dying — An Open Family Book for Parents and Children Together*. Walker and Company, 1974.

Sweet, Phyllis E. *Something Happened to Me.* Mother Courage Press, 1981.

Terkel, Susan Neiburg, and Rench, Janice E. *Feeling Safe Feeling Strong — How to Avoid Sexual Abuse and What To Do If It Happens to You.* Lerner Publications, 1984.

Wachter, Oralee. *No More Secrets for Me.* Little, Brown and Company, 1983.

White, Laurie A., and Steven L. *Take Care With Yourself — A Young Person's Guide to Understanding, Preventing, and Healing From the Hurts of Child Abuse.* 4th ed. DayStar Press, 1987.

Wholey, Dennis. *Becoming Your Own Parent — The Solution for Adult Children Of Alcoholic and Other Dysfunctional Families.* Doubleday, 1988.

Wolfelt, Alan. *Helping Children Cope with Grief.* Accelerated Development Inc., 1983.

Wood, Wendy Ann, and Hatton, Leslie Ann. *Triumph Over Darkness — Understanding and Healing the Trauma of Childhood Sexual Abuse.* Beyond Words Publishing, 1988.

ORDERING INFORMATION

Kidsrights
3700 Progress Blvd.
Mount Dora, FL 32757
800/892-5437

Adams, Caren, and Fay, Jennifer J. *Nobody Told Me It Was Rape — A Parent's Guide for Talking With Teenagers About Rape and Sexual Exploitation.* Network Publications, 1984.

Bernstein, Joanne E. *Loss and How to Cope With It.* Houghton Mifflin/Clarion Books, 1977.

Buchanan, Cynthia Dee; Paul, Peg; and Long, Thomas J. *Safe At Home, Safe Alone.* Miles River Press, 1985.

Buschman, Janis, and Hunley, Debbie. *Strangers Don't Look Like the Big Bad Wolf.* The Chas. Franklin Press, 1985.

Chetin, Helen. *Francis Ann Speaks Out.* New Seed Press, 1977.

Drake, Elizabeth D.; Nelson, Anne Gilroy; and Roane, Thomas H. *Working Together. A Team Effort.* Child Care Publications, 1986.

Drake, Elizabeth D., and Nelson, Anne Gilroy. *Getting Together — Helping You to Help Yourself.* Child Care Publications, 1983.

Ellis, Dan C. *Growing Up Stoned.* Health Communications, 1986.

Golder, Christine A. *If It Happens to Your Child, It Happens to You!* 1987.

Harper, Harri Hazeldon. *A Parent's Survival Guide — How to Cope When Your Kid is Using Drugs.*

Hittleman, Margo. *What's A Kid to Do About Child Abuse?* Cornell University, 1986.

Hubbard, Kate, and Berlin, Evelyn. *Help Yourself to Safety.* The Chas. Franklin Press, 1985.

Jewett, Claudia L. *Helping Children Cope With Separation and Loss.* 1982.

Kassees, Joanne M. *What Happens Next.* Parents Anonymous of Delaware, Inc., 1986.

Krause, Elaine. *Speak Up, Say No!* Elaine Krause, 1983.

Lenett, Robin; Barthelme, Dana; and Crane, Bob. *Sometimes It's O.K. to Tell Secrets!* Tom Doherty Associates Book, 1986.

Long, Lynette. *On My Own.* Acropolis Books, Ltd., 1984.

Mackey, Gene, and Swan, Helen. *The Wonder What Owl — A Story to Help Young Children Learn About Sexual Abuse — For Ages 3 to 7.* Children's Institute of Kansas City, 1984.

Mackey, Gene, and Swan, Helen. *Dear Elizabeth — The Diary of A Survivor of Sexual Abuse.* Mount Dora, FL: Kidrights, 1989.

McCoy, Kathleen. *Coping With Teenage Depression — A Parents' Guide.* 1982.

McGovern, Kevin B. *Alice Doesn't Babysit Anymore.* McGovern & Mulbacker Books, 1985.

Meyer, Linda D. *Safety Zone.* Warner Books, Inc., 1984.

Reife, Mindy Jayne. *What's the Matter With Kelly?* Parents Anonymous of Delaware, Inc., 1981.

Rowland, Bryan E. H. and Coleman, Mick. *Latchkey Kids — Unlocking Doors For Children and Their Families.* D.C. Heath and Company, 1986.

Schaefer, Charles E. *How to Talk To Children About Really Important Things.* Harper and Row, n.d.

Simon, Norma. *The Saddest Time.* Albert Whitman & Company, 1986.

Stanek, Muriel. *All Alone After School.* Albert Whitman & Company, 1985.

Touw, Kathleen. *Parent Tricks-Of-The-Trade*. Acropolis Books, Ltd., 1987.

Wakcher, Bridget. *Child Abuse — Is It Happening to You?* Mount Dora, FL: Kidsrights, 1984.

White-Bowdeni, Susan. *Everything to Live For — A Mother's Story of Her Teenage Son's Suicide*. Pocket Books, 1985.

Wrobleski, Adina. *Suicide: The Danger Signs*. 4th ed. 1985.

Wrobleski, Adina. *Suicide: Your Child Has Died*. 3rd ed. 1987.

ORDERING INFORMATION

King County Rape Relief
P.O. Box 300
Renton, WA 98057
202/226-5062

Be Aware. Be Safe. 1987.

El Me Dijo Que No Se Lo Contara A Nadie. 1979.

Fay, Jennifer J. *He Told Me Not To Tell*. 1979.

Fay, Jennifer J. *Top Secret — Why Has Sexual Assault Been Top Secret?* 1988.

Flerchinger, Billie Jo, and Fay, Jennifer J. *Top Secret: A Discussion Guide*. 1985.
Helping Your Child To Be Safe. (English, Chinese, Vietnamese, Cambodian, Laotian.) N.d.

Loontjens, Lois. *Talking to Children/Talking to Parents About Sexual Abuse*. 1984.

Stringer, Gayle M., and Rants-Rodriquez, Deanna. *So What's It To Me? Activity Guide*. 1987.

Stringer, Gayle M., and Rants-Rodriquez, Deanna. *So What's It To Me? Sexual Assault Information For Guys*. 1987.

Where Do I Start? A Parents' Guide For Talking to Teens About Acquaintance Rape. 1984.

ORDERING INFORMATION

National Committee for Prevention of Child Abuse

332 South Michigan Avenue
Suite 950
Chicago, IL 60604
312/663-3520

Borman, Leonard D. *Self-Help and the Treatment of Child Abuse*. 1984.

Brassard, Marla R., and Hart, Stuart N. *Emotional Abuse — Words Can Hurt*. 1988.

Broadhurst, Diane D. *Educators, Schools, and Child Abuse*. 1986.

Caulfield, Barbara A., and Horowitz, Robert M. *Child Abuse and the Law — A Legal Primer for Social Workers*. 1987.

Cohn, Anne H. *An Approach to Preventing Child Abuse*. 1983.

Cohn, Anne H. *Physical Child Abuse*. 1983.

Conte, Jon R. *A Look At Child Sexual Abuse*. 1986.

Coolsen, Peter; Seligson, Michelle; and Garbarino, James. *When School's Out and Nobody's Home*. 1985.

Coolsen, Peter. *Strengthening Families Through the Work Place*. 1983.

Elmer, Elizabeth. *Growth and Development Through Parenting*. 1980.

Garbarino, James and Anne C. *Emotional Maltreatment of Children*. 1989.

Garbarino, James and Anne C. *Maltreatment of Adolescents*. 1987.

Gil, Eliana. *Foster Parenting Abused Children*. 1987.

Gordon, Thomas. *What Every Parent Should Know*. 1987.

Gordon, Thomas. *Lo Que Deben Saber Todos Los Padres*. 1987.

Kline, Donald F. and Anne C. *The Disabled Child and Child Abuse*. 1987.

May, Gary. *Child Discipline: Guideliness for Parents*. 1979.

May, Gary. *La Disciplina: Una Guia Para Los Padres*. 1980.

Smith, Timothy A. *You Don't Have to Molest That Child*. 1987.

Wilson, Ann L. *Getting New Parents Off to A Good Start*. 1988.

Young, Leotine. *Physical Child Neglect.* 1981.

ORDERING INFORMATION

Parenting Press
7744 31st Ave., NE
Seattle, WA 98115
206/527-2900

Davis, Diane. *Something Is Wrong At My House — A Book About Parent's Fighting.* 1984.

Freeman, Lory. *It's My Body.* 1982.

Hendrickson, Karen. *Getting Along Together: Baby and I Can Play.* 1985.

Johnsen, Karen. *The Trouble With Secrets.* 1986.

Kehoe, Patricia. *Something Happened and I'm Scared to Tell — A Book for Young Victims of Abuse.* 1987.

Protecting Your Child From Sexual Abuse: A Parent's Guide. Planned Parenthood of Snohomish County, 1984.

Quinsey, Mary Beth. *Why Does That Man Have Such A Big Nose?* 1986.

Without Spanking or Spoiling: A Practical Approach to Toddler and Preschool Guidance. 1979.

ORDERING INFORMATION

Red Flag Green Flag Resources
Rape and Abuse Crisis Center
Box 2984
Fargo, ND 58108
701/293-7298

Annie — A Book Designed to Encourage Children to Explore Their Feelings About Confusing Touches. Rape Crisis Center of Fargo-Moorhead, ND: 1986.

Dreyer, Lynn, and Haseltine, Beth. *The Woodrow Project — A Sexual Abuse Prevention Curriculum For The Developmentally Disabled.* 1986.

Grimm, Carol, and Montgomery, Becky. *People — Facilitator's Program Guide — A Personal Safety Program for Children.* 1987.

New Beginnings — A Facilitator's Manual for Implementing a Support Group for Female Adolescent Sexual Assault Victims. Rape Crisis Center of Fargo-Moorhead, ND: 1986.

Patterson, Susan. *I Wish the Hitting Would Stop — A Workbook for Children Living In Violent Homes.* 1987.

People — A Personal Safety Program for Children. Rape and Abuse Crisis Center, 1987.

Un Programa De Seguridad Personal para Ninos(as). Rape and Abuse Crisis Center, 1987.

ORDERING INFORMATION

National School Safety Center
16830 Ventura Blvd., Suite 200
Encino, CA 91436
8818/377-6200

Books

Greenbaum, Stuart; Gonzalez, Blanca; and Ackley, Nancy; with "Engineering Consent" by Edward L. Bernays. *Educated Public Relations: School Safety 101.* Malibu, CA: NSSC and Pepperdine University Press, 1987.

Greenbaum, Stuart, with Brenda Turner and Ronald D. Stephens. *Set Straight on Bullies.* Malibu, CA: National School Safety Center and Pepperdine University Press, 1989.

National School Safety Center. *Gangs in Schools: Breaking Up is Hard to Do.* Malibu, CA: NSSC and Pepperdine University Press, 1988.

National School Safety Center. *School Discipline Notebook.* Malibu, CA: NSSC and Pepperdine University Press, 1987.

National School Safety Center. *School Safety Check Book.* Malibu, CA: NSSC and Pepperdine University Press, 1990.

Resource Papers

"Drug Traffic and Abuse in Schools."

"School Bullying and Victimization."

"School Crisis Prevention and Response."

"Weapons in Schools."

Films and Videotapes

"High-Risk Youth/At the Crossroads," 1989 (VHS or Beta videotapes — 22 minutes).

"Set Straight on Bullies," 1988 (film/VHS or Beta videotapes — 18 minutes).